

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728090

FILED
Apr 02, 2007
Secretary of State

Entity Name: PALM GREENS AT VILLA DEL RAY RECREATION CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5801 VIA DELRAY
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

Current Mailing Address:

5801 VIA DELRAY
DELRAY BEACH, FL 33484 US

New Mailing Address:

FEI Number: 59-1968008 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHLEIDER, SAM TREAS
13620 C VIA FLORA
DELRAY BCH, FL 33484 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WINSTON, ROBERT P
Address: 13923 G VIA AURORA
City-St-Zip: DELRAY BEACH, FL 33484

Title: T () Delete
Name: SCHLEIDER, SAM TR
Address: 13620 C VIA FLORA
City-St-Zip: DELRAY BCH, FL 33484 US

Title: VP () Delete
Name: KING, LEWIS V
Address: 13765 A VIA AURORA
City-St-Zip: DELRAY BEACH, FL 33484

Title: S () Delete
Name: JAYE, LENORE S
Address: 5660 A QUEEN PALM COURT
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: BM () Delete
Name: LISS, HENRY D
Address: 5675 B SPINDLE PALM CT
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: BM () Delete
Name: BRATH, WARREN D
Address: 5710 D PRINCESS PALM COURT
City-St-Zip: DELRAY BEACH, FL 33484 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT WINSTON

P

04/02/2007

Electronic Signature of Signing Officer or Director

Date