

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-07-2003 90059 004 ****61.25

DOCUMENT # 728090

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

Principal Place of Business: **5801 VIA DELRAY DELRAY BEACH FL 33484**
Mailing Address: **5801 VIA DELRAY DELRAY BEACH FL 33484**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

4. FEI Number **59-1968008** Applied For: Not Applicable:

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**COHEN, MARVIN
13771 F FLORA PLACE
DELRAY BCH FL 33484**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ State: **FL** Zip Code: _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Marvin Cohen DATE: 2/4/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D	SLAYMAN, DAVID 5801 D ARECA PALM COURT DELRAY BEACH FL 33484	TITLE: D	SLAYMAN, DAVID 5801 D ARECA PALM COURT DELRAY BEACH, FL. 33484
TITLE: D	SCHWARTZ, MARILYN 13871 B FLORA PLACE DELRAY BCH FL 33484	TITLE: _____	_____
TITLE: D	SMILEY, JEROME 13572 A VIA FLORA DELRAY BCH FL	TITLE: _____	_____
TITLE: D	POMERANTZ, PHILIP 13658 D COCONUT PALM CT. DELRAY BCH FL	TITLE: _____	_____
TITLE: D	MISIKOFF, RHODA 5650 D SPINDLE PALM CT DELRAY BEACH FL 33484	TITLE: _____	_____
TITLE: D	COHEN, MARVIN 13771 F FLORA PL DELRAY BCH FL 33484	TITLE: _____	_____

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marvin B. Schwaner SIGNATURE REQUIRED Marilyn B. Schwaner 561-498-5316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)