

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752776 (5)

1. Corporation Name

**NUMBER 2 CONDOMINIUM ASSOCIATION - PALM GREENS A
T VILLA DEL RAY, INC.**



Principal Place of Business

Mailing Address

5801 VIA DELRAY
DELRAY BEACH FL 33484

5801 VIA DELRAY
DELRAY BEACH FL 33484

3. Date Incorporated or Qualified
06/03/1980

3a. Date of Last Report
07/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1828941

Applied For
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEYMOUR, NAFTILAN
13616- COCONUT PALM COURT
DELRAY BEACH FL 33484**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Seymour Naftilan, Vice President**

Seymour Naftilan

1/17/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MEISEL, RUBIN	
STREET ADDRESS	5850H SUGAR PALM COURT	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	NAFTILAN, SEYMOUR	
STREET ADDRESS	13616-B COCONUT PLAM COURT	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CLARK, MELVIN	
STREET ADDRESS	5843 B SUGAR PLAM COURT	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FREIMAN, HERBERT	
STREET ADDRESS	13913 A ROYAL PALM COURT	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SUGERMAN, MURRAY	
STREET ADDRESS	13841 A ROYAL PALM COURT	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S
3.3 STREET ADDRESS	CLARK, MELVIN
3.4 CITY - ST - ZIP	5843 B SUGAR PALM COURT DELRAY BEACH, FLA. 33484
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	2ND VPD
4.3 STREET ADDRESS	FREIMAN, HERBERT
4.4 CITY - ST - ZIP	13913 A ROYAL PALM COURT DELRAY BEACH, FLA. 33484
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **RUBIN MEISEL, PRESIDENT**

Rubin Meisel

(407) 498-1051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/96

CR2E037 (12/95)