

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 5801 VIA DELRAY DELRAY BEACH FL 33484	Mailing Address 5801 VIA DELRAY DELRAY BEACH FL 33484-1331
---	--

3. Date Incorporated or Qualified 06/03/1980	3a. Date of Last Report 01/29/1996
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country
--	---

4. FEI Number 59-1828941	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SEYMOUR, NAFTILAN
13616- COCONUT PALM COURT
DELRAY BEACH FL 33484**

10. Name and Address of New Registered Agent
81 Name **Same as current registered agent.**
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* 1-14-97
Signature of Registered Agent (NOTE: Registered Agent signature required when reinstating) DATE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Seymour Naftilan		
1.3 STREET ADDRESS	13616 B Coconut Palm Court		
1.4 CITY-ST-ZIP	Delray Beach, Fla. 33484		
2.1 TITLE	VPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Mel Clark		
2.3 STREET ADDRESS	5843 B Sugar Palm Court		
2.4 CITY-ST-ZIP	Delray Beach, Fla. 33484		
3.1 TITLE	2nd VPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Dr. Murray Sugerman		
3.3 STREET ADDRESS	13841 A Royal Palm Court		
3.4 CITY-ST-ZIP	Delray Beach, Fla. 33484		
4.1 TITLE	SD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Elliot Seidman		
4.3 STREET ADDRESS	5919 D Areca Palm Court		
4.4 CITY-ST-ZIP	Delray Beach, Fla. 33484		
5.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	Rubin Meisel		
5.3 STREET ADDRESS	5850 H Sugar Palm Court		
5.4 CITY-ST-ZIP	Delray Beach, Fla. 33484		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 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: *Seymour Naftilan* 1-14-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # 0044875

CR2E037 (9/96)