

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90045 026 \*\*\*\*61.25



**DOCUMENT # 762524**  
 1. Entity Name  
**UNIT OWNERS ASSOCIATION OF PALM GREENS, INC.**

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



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

1st MOORE      CR2E037 (10/05)

4. FEI Number      Applied For  
**59-2177596**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HANDELMAN, BEVERLY**  
**13691 A VIA AURORA**  
**DELRAY BEACH FL 33484**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **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 *Beverly Handelman*      DATE *1/27/06*  
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**  
**Due By May 1, 2006**

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                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>ELISCU, JACK</b><br><b>5791 D SPINDLE PALM CT</b><br><b>DELRAY BEACH FL 33484</b> <input type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD</b><br><b>CLARK, MEL</b><br><b>5843-B SUGAR PALM CT</b><br><b>DELRAY BCH FL</b> <input checked="" type="checkbox"/> Delete    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SD</b><br><b>HANDELMAN, BEVERLY</b><br><b>13691-A VIA AURORA</b><br><b>DELRAY BEACH FL</b> <input type="checkbox"/> Delete       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V</b><br><b>MISIKOFF, RHODA</b><br><b>5650 D SPINDLE PALM CT</b><br><b>DELRAY BEACH FL 33484</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br><b>AUSPITZ, JOSEPH</b><br><b>13363 B PINEAPPLE PALM CT</b><br><b>DELRAY BCH FL</b> <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br><b>GURVITZ, LEONARD</b><br><b>13775 A VIA AURORA</b><br><b>DELRAY BEACH FL 33484</b> <input type="checkbox"/> Delete    |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>RHODA MISIKOFF</b><br><b>5791 C SPINDLE PALM CT.</b><br><b>DELRAY BEACH, FL 33484</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>VICE PRES.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>ABRAHAM HOFFMAN</b><br><b>13921 B ROYAL PALM CT.</b><br><b>DELRAY BEACH, FL 33484</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>EUGENE FEINBERG</b><br><b>1375 A FLORA PLACE</b><br><b>DELRAY BEACH, FL 33484</b>           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>ROBERT RODMAN</b><br><b>13363 B PINEAPPLE PALM CT.</b><br><b>DELRAY BEACH, FL 33484</b>     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Beverly Handelman*

*1/27/06*      *561-499-5444*