

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90032 025 ****61.25



DOCUMENT # 762524

1. Entity Name

UNIT OWNERS ASSOCIATION OF PALM GREENS, INC.

Principal Place of Business

5801 VIA DELRAY
 DELRAY BCH FL 33484

Mailing Address

5801 VIA DELRAY
 DELRAY BCH FL 33484



1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2177596

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANDELMAN, BEVERLY
 13691 A VIA AURORA
 DELRAY BEACH FL 33484

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

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

(NOTE: Registered Agent signature is required when reconstituting)

DATE

2/1/08

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	P	<input type="checkbox"/> Delete
NAME	ELISCU, JACK	
STREET ADDRESS	5791 D SPINDLE PALM CT	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FEINBERG, EUGENE	
STREET ADDRESS	13755A FLORA PLACE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	SD <u>ST</u>	<input type="checkbox"/> Delete
NAME	HANDELMAN, BEVERLY	
STREET ADDRESS	13691-A VIA AURORA	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MISIKOFF, RHODA	
STREET ADDRESS	5650 D SPINDLE PALM CT	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	AUSPITZ, JOSEPH	
STREET ADDRESS	13363 B PINEAPPLE PALM CT	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	FV	<input type="checkbox"/> Delete
NAME	GURVITZ, LEONARD	
STREET ADDRESS	13775 A VIA AURORA	
CITY-ST-ZIP	DELRAY BEACH FL 33484	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	^S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRENE BAGDON, IRENE	
STREET ADDRESS	13640 C COCONUT PALM CT	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

2/1/08

571-499-5444