


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 292774 (7)</b> 1. Corporation Name <b>HOBE SOUND GERIATRIC VILLAGE, INC.</b>					
Principal Place of Business <b>9555 S.E. FEDERAL HWY HOBE SOUND FL 33455</b>			Mailing Address <b>9555 S.E. FEDERAL HWY HOBE SOUND FL 33455-2009</b>		
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>05/10/1965</b> 3a. Date of Last Report <b>11/04/1996</b> 4. FEI Number <b>59-1142564</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 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 <b>BORTZ, DONALD J JR 9555 SE FEDERAL HWY HOBE SOUND FL 33455</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	11 TITLE	<b>President / Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BORTZ, DONALD J. JR</b>		12 NAME		
STREET ADDRESS	<b>9555 S.E. FEDERAL HWY.</b>		13 STREET ADDRESS		
CITY - ST - ZIP	<b>HOBE SOUND FL</b>		14 CITY - ST - ZIP		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE	21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCATHERN, GLADYS</b>		22 NAME		
STREET ADDRESS	<b>9555 S.E. FEDERAL HWY.</b>		23 STREET ADDRESS		
CITY - ST - ZIP	<b>HOBE SOUND FL</b>		24 CITY - ST - ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	31 TITLE	<b>Vice President / Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BORTZ, VALERIA M. JR</b>		32 NAME		
STREET ADDRESS	<b>9555 S.E. FEDERAL HWY.</b>		33 STREET ADDRESS		
CITY - ST - ZIP	<b>HOBE SOUND FL</b>		34 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY - ST - ZIP			44 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY - ST - ZIP			54 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY - ST - ZIP			64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <b>Donald J. Bortz Jr.</b> 4-8-97 810-759-5966					

CR2E034 (9/96)