

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90029 004 ****61.25

DOCUMENT # N07000009372		
1. Entity Name WCR PALM BEACH, INC.		

Principal Place of Business 4722 N.W. BOCA RATON BOULEVARD, C-105 BOCA RATON, FL 33431	Mailing Address 4722 N.W. BOCA RATON BOULEVARD, C-105 BOCA RATON, FL 33431
--	--

2. Principal Place of Business - No P.O. Box # 1185 E. ATLANTIC AVE	3. Mailing Address 1185 E. ATLANTIC AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL
Zip 33483	Zip 33483
Country USA	Country USA



01072008 Chg-NP CR2E037 (12/06)

4. FEI Number 26-0379976	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARMAN, DEBORAH A ESQ 165 EAST PALMETTO PARK ROAD BOCA RATON, FL 33432	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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

Filing 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 NAME STREET ADDRESS CITY-ST-ZIP P BACARELLA, DEBORAH 4722 N.W. BOCA RATON BOULEVARD, C-105 BOCA RATON, FL 33431 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P KINZLER, TIM 1185 E. ATLANTIC AVE DELRAY BEACH, FL 33483 ☒ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP PE KINZLER, TIM 4722 N.W. BOCA RATON BOULEVARD, C-105 BOCA RATON, FL 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PE KINZLER, TIM 4722 N.W. BOCA RATON BOULEVARD, C-105 BOCA RATON, FL 33431 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP V RAMELLA, JUDY 4722 N.W. BOCA RATON BOULEVARD, C-105 BOCA RATON, FL 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V RAMELLA, JUDY 4872 121 TERRACE NORTH ROYAL PALM BEACH, FL 33411 ☒ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP V RAMELLA, JUDY 4722 N.W. BOCA RATON BOULEVARD, C-105 BOCA RATON, FL 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V RAMELLA, JUDY 4722 N.W. BOCA RATON BOULEVARD, C-105 BOCA RATON, FL 33431 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP S BLOOM, CAROL L 4722 N.W. BOCA RATON BOULEVARD, C-105 BOCA RATON, FL 33431 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP S BLOOM, CAROL L 4722 N.W. BOCA RATON BOULEVARD, C-105 BOCA RATON, FL 33431 ☐ Change ☒ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP S BLOOM, CAROL L 4722 N.W. BOCA RATON BOULEVARD, C-105 BOCA RATON, FL 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP S BLOOM, CAROL L 4722 N.W. BOCA RATON BOULEVARD, C-105 BOCA RATON, FL 33431 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP T BAZAL, JAN 4722 N.W. BOCA RATON BOULEVARD, C-105 BOCA RATON, FL 33431 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP T BAZAL, JAN 4722 N.W. BOCA RATON BOULEVARD, C-105 BOCA RATON, FL 33431 ☐ Change ☒ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP T BAZAL, JAN 4722 N.W. BOCA RATON BOULEVARD, C-105 BOCA RATON, FL 33431 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP T BAZAL, JAN 4722 N.W. BOCA RATON BOULEVARD, C-105 BOCA RATON, FL 33431 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 Kristin Stampini 561-929-4846 3.25.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #