

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N19339** (3)

1. Corporation Name

WE CARE OF CAMELOT, INC.

Principal Place of Business

6610 MOONLIT DRIVE
GROUND LEVEL
DELRAY BEACH FL 33446
US

Mailing Address

6610 MOONLIT DRIVE
DELRAY BEACH FL 33446

3. Date Incorporated or Qualified

02/19/1987

4. FEI Number

59-2753828

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUKZIN, JACK
14784 WILDFLOWER LANE
DELRAY BEACH FL 33446

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	JACLIN, AMY	
STREET ADDRESS	14854 WILDFLOWER LN	
CITY-ST-ZIP	DELRAY BEACH FL	

1.1 TITLE	TREASURER	☒ Change ☐ Addition
1.2 NAME	GRUBER, PEARL	
1.3 STREET ADDRESS	14810 WILDFLOWER LANE	
1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33446	

TITLE	V	☐ DELETE
NAME	RATINER, DORIS	
STREET ADDRESS	6802 MOONLIT DRIVE	
CITY-ST-ZIP	DELRAY BCH FL	

2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	DS	☐ DELETE
NAME	SHACK, MOLLIE	
STREET ADDRESS	14778 WILDFLOWER LN	
CITY-ST-ZIP	DELRAY BEACH FL	

3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	D	☐ DELETE
NAME	LESNIK, PUDGE	
STREET ADDRESS	14738 WILDFLOWER LN	
CITY-ST-ZIP	DELRAY BEACH FL	

4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	P	☐ DELETE
NAME	BUKZIN, JACK	
STREET ADDRESS	14784 WILDFLOWER LANE	
CITY-ST-ZIP	DELRAY BEACH FL	

5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	DT	☒ DELETE
NAME	JACLIN, LEONARD	
STREET ADDRESS	14854 WILDFLOWER LANE	
CITY-ST-ZIP	DELRAY BEACH FL	

6.1 TITLE		☒ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: Leonard Jaclin SIGNATURE REQUIRED

Jan 21, 1998 561-499-5733

CR2E037 (10/97)