SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $395)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:27

DOCUMENT # N38592 (4)

1. Corporation Name
DELRAY VILLAS "WE CARE", INCORPORATED

Principal Place of Business	Mailing Address
C/O GRACE F. ROSS 6393 LA SALLE DRIVE DELRAY BEACH FL 33484	C/O GRACE F. ROSS 6393 LA SALLE DRIVE DELRAY BEACH FL 33484

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0205500 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ROSS, GRACE F.
6393 LA SALLE DRIVE
DELRAY BEACH FL 33484

10. Name and Address of New Registered Agent

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: Grace F. Ross 6/7/95
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	PD	11 TITLE	TD	☐ Change ☑ Addition
NAME	KAPLAN, WILLIAM	12 NAME	GEORGE L. SPITZER	
STREET ADDRESS	6108 OVERLAND PLACE	13 STREET ADDRESS	6028 DUSENBURG RD.	
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE	~~TD~~ D	21 TITLE		☐ Change ☐ Addition
NAME	SCHARF, EMILY	22 NAME		
STREET ADDRESS	6161 STANLEY LANE	23 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	ROSS, GRACE F.	32 NAME		
STREET ADDRESS	6393 LA SALLE DR.	33 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	~~FREUND, JACK~~	42 NAME		
STREET ADDRESS	~~14375 ALTO CEDRO DR~~ DELETE	43 STREET ADDRESS		
CITY-ST-ZIP	~~DELRAY BEACH FL~~	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	~~GIBERMAN, ANITA~~ SILVERMAN, ADITA	52 NAME		
STREET ADDRESS	6099 LA SALLE RD	53 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	54 CITY-ST-ZIP		
TITLE	VD	61 TITLE		☐ Change ☐ Addition
NAME	KAY, EDWARD L.	62 NAME		
STREET ADDRESS	13532 WHIPPET WAY W.	63 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Edward L. Kay EDWARD L. KAY 6/7/95 (407)-498-4661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0012021