

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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

**DELRAY VILLAS**

2. Principal Place of Business

2a. Mailing Address

21 **DELRAY BEACH, FL**

26 **SEE ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **DELRAY BEACH FL**

28 City & State

24 Zip **33484**

25 Country **FL**

29 Zip **33484**

30 Country **FL**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**06/14/1990**

3a. Date of Last Report

**06/14/1995**

4. FEI Number

**65-0205500**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐

Yes ☒ No

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

10. Name and Address of New Registered Agent

81 Name

**N/A**

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

TITLE ☐ DELETE  
NAME **PD KAPLAN, WILLIAM**  
STREET ADDRESS **6108 OVERLAND PLACE**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☒ DELETE  
NAME **D SCHARF, EMILY**  
STREET ADDRESS **6161 STANLEY LANE**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE  
NAME **SD ROSS, GRACE F.**  
STREET ADDRESS **6393 LA SALLE DR.**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE  
NAME **TD SPITZER, GEORGE L**  
STREET ADDRESS **6028 DUSENBURG RD**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE  
NAME **D SILVERMAN, ANITA**  
STREET ADDRESS **6098 LA SALLE RD**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE  
NAME **VD KAY, EDWARD L.**  
STREET ADDRESS **13532 WHIPPET WAY W.**  
CITY-ST-ZIP **DELRAY BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

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

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)(k), 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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARCH 10, 1996 (407) 498-4661**  
Date Daytime Phone

CR2E037 (12/95)