

1-30-97 B 1095 NC  
FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N38592** (4)  
1. Corporation Name

**DELRAY VILLAS "WE CARE", INCORPORATED**



|   |  |
|---|--|
| Principal Place of Business<br><b>C/O GRACE F. ROSS<br/>6393 LA SALLE DRIVE<br/>DELRAY BEACH FL 33484</b> | Mailing Address<br><b>C/O GRACE F. ROSS<br/>6393 LA SALLE DRIVE<br/>DELRAY BEACH FL 33484-1585</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>06/14/1990</b> | 3a. Date of Last Report<br><b>03/27/1996</b> |
|--|--|

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| 2. Principal Place of Business<br>21 <b>AS ABOVE</b><br>Suite, Apt. #, etc.<br>22<br>City & State<br>23<br>Zip<br>24 | 2a. Mailing Address<br>26 <b>AS ABOVE</b><br>Suite, Apt. #, etc.<br>27<br>City & State<br>28<br>Zip<br>29 | 4. FEI Number<br><b>65-0205500</b><br>Applied For<br>Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> | 6. Election Campaign Financing<br>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

10. Name and Address of New Registered Agent

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

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when retaking) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | PD<br>KAPLAN, WILLIAM<br>6108 OVERLAND PLACE<br>DELRAY BEACH FL  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SD<br>ROSS, GRACE F.<br>6393 LA SALLE DR.<br>DELRAY BEACH FL     | 1.2 NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | TD<br>SPITZER, GEORGE L.<br>6028 DUSENBURG RD<br>DELRAY BEACH FL | 1.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CITY - ST - ZIP            | D<br>SILVERMAN, ANITA<br>6098 LA SALLE RD<br>DELRAY BEACH FL     | 1.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            | VD<br>KAY, EDWARD L.<br>13532 WHIPPET WAY W.<br>DELRAY BEACH FL  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | 2.2 NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | 2.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | 2.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | 3.2 NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | 3.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | 3.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | 4.2 NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | 4.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | 4.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | 5.2 NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | 5.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | 5.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | 6.2 NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | 6.3 STREET ADDRESS                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                            |  | 6.4 CITY - ST - ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ TREASURER 1/30/97 (21) 496-5151

CR2E037 (9/96)