FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N38592

(4)

FILED Mar 05 1998 8:00am Secretary of State

(561) 496-5151

DELRA	Y VILLAS "WE CARE", INC	ORPORATED						
Principal Plac	e of Business	Mailing Address				- 1300(190) 600 1900 1909 0000 1000 1000	OTOTA DIVINI GRAPE V	11011 01611 G1011 (031
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		 3. Date Incorporated or Qualified 06/14/1990 4. FEI Number 65-0205500 		Applied For		
2. Principal P	lace of Business	2a. Malling Address				- ¢a'	75 Additional	
21 AS ABOVE		26 AS ABOVE				5. Certificate of Status Desired		e Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campalgn Financing		00 May Be	
22		27			Trust Fund Contribution		led to Fees	
City & State		City & State			7. Is this nonprofit corporation a home		clation?	
Zip Country		Zip Country			☐ Yes 🔼 No			
24	25	29	30	—		This corporation owes or has paid Personal Property Tax due June 30		ar Intangible No
24	9. Name and Address of Currer		30	901		10. Name and Address of New Regis		LEJ NO
				B1 1	Name			***************************************
ROSS. 6	BRACE F.	*	ļ.	B2 5	Ctroot Adde	ess (P.O. Box Number is Not Acceptable)	<u>.</u>	
	SALLE DRIVE		ľ	52 S	Street Addre	ass (F.O. Box Number is Not Acceptable)		
	BEACH FL 33484		[8	83				
ı			1	84 (City		— 85	Zip Code
			ļ		•	50	FL	•
SIGNATURE _	OY our V	10				oration submits this statement for the pur on's board of directors. I hereby accept the	oose of changi he appointment -/26/98	ing its registered as registered
12.	Sign here, the ed of phritied rains of registered age OFFICERS AN		13.	Agent 6	signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICER	S AND DIREC	TÖRS IN 12
TITLE	PD	☐ DELETE		1.1 TITLE			☐ Cha	
NAME	KAPLAN, WILLIAM		1.2 NAM	Æ				
STREET ADDRESS	6108 OVERLAND PLACE		1.3 STR	EET AD	ORESS			
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY	/-\$T-Z	ZIP			
TITLE	\$D	☐ DELETE	2.1 TITL	.E	i		☐ Cha	inge
NAME	ROSS, GRACE F.		2.2 NAM					
STREET ADDRESS	6393 LA SALLE DR.		2.3 STRI					
CITY-ST-ZIP TITLE	DELRAY BEACH FL	☐ DELETE	2. 4 C/T		ZIP	part.	→ Cha	inge Addition
NAME 🕌	SPITZER, GEORGE L			3.2 NAME			; one	ilgo recilion
STREET ADDRESS	6028 DUSENBURG RD			3.3 STREET ADDRESS				
CITY-ST-ZIP	DELRAY BEACH FL			3.4. CITY-ST-ZIP				
TITLE	-		4.1 TITL				☐ Cha	nge 🔲 Addition
NAME	SILVERMAN, ANITA		4, 2 NAN	ME				
STREET ADDRESS	6098 LA SALLE RD		4.3 STRE	EET ADI	DRESS			
CITY-ST-ZIP	DELRAY BEACH FL	D NO. COM	4.4 CITY		'IP		r-1 a.	The Law
TITLE	VD COMMOD (☐ DELETE	5.1 TITU		Ì		∟ Cha	inge Addition
NAME	KAY, EDWARD L.		5.2 NAM					
STREET ADORESS	13532 WHIPPET WAY W. DELRAY BEACH FL		5.3 STRE					
CITY-ST-ZIP TITLE	DELNAT BEAUTIFL	DELETE	5.4 CITY 6.1 TITLE		(IP		Char	nge Addition
NAME		F	6.2 NAM					
STREET ADDRESS			6.3 STRE		DRESS			
CITY-ST-ZIP			6.4 CITY					
14 Lhereby c	ertify that the information supplied w	ith this filing does not qualif	u for the even	ontior	o etated in S	Section 119.07(3)(i), Florida Statutes. I fur	ther certify tha	t the information
officer or o Block 12 o	on an annual report of supplementa director of the corporation of the rece or Block 13 if changed, or on an attac	in a muai report is true and a siver or trustee empowered chment with an address. //	to execute thi	is rep	oort as requi	e shall have the same legal effect as if maired by Chapter 617, Florida Statutes; and	that my name	i, triat i am an e appears in