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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N38592

1. Corporation Name

DELRAY VILLAS "WE CARE", INCORPORATED

Principal Place of Business

C/O GRACE F. ROSS  
6393 LA SALLE DRIVE  
DELRAY BEACH FL 33484

Mailing Address

C/O GRACE F. ROSS  
6393 LA SALLE DRIVE  
DELRAY BEACH FL 33484



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/14/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0205500

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

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

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

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

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowered.

SIGNATURE: *Grace F. Ross* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/99

(561) 495-1387

CR2E037 (11/98)