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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N38913**

(2)

1. Corporation Name

LAKES OF DELRAY WE CARE, INC.



Principal Place of Business

% HERBERT ADELMAN
5598 WITNEY DRIVE APT. 212
DELRAY BEACH FL 33484

Mailing Address

% HERBERT ADELMAN
5598 WITNEY DRIVE APT. 212
DELRAY BEACH FL 33484

3. Date Incorporated or Qualified

06/29/1990

3a. Date of Last Report

01/20/1995

2. Principal Place of Business

2a. Mailing Address

21 **15055 ASHLAND BLVD**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **DELRAY BEACH FLA**

28

Zip

Country

Zip

Country

24 **33484**

25 **FLA**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADELMAN, HERBERT
5598 WITNEY DR #212
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

TITLE PD ☐ DELETE

NAME FELD, JULIUS
STREET ADDRESS 15500 LAKES OF DELRAY BD
CITY-ST-ZIP DELRAY BCH FL 33484

TITLE SD ☐ DELETE

NAME FEINSTEIN, LEONARD
STREET ADDRESS 15109 ASHLAND DR. #336
CITY-ST-ZIP DELRAY BCH FL 33484

TITLE D ☐ DELETE

NAME SHNEIDER, IRVING
STREET ADDRESS 15109 ASHLAND DR. #324
CITY-ST-ZIP DELRAY BCH FL 33484

TITLE FSD ☐ DELETE

NAME ADELMAN, HERBERT
STREET ADDRESS 5598 WITNEY DR #212
CITY-ST-ZIP DELRAY BCH FL 33484

TITLE TD ☐ DELETE

NAME TEGER, LEON
STREET ADDRESS 15036 ASHLAND LANE #69
CITY-ST-ZIP DELRAY BCH FL 33484

TITLE D ☐ DELETE

NAME FINKELSTEIN RHEA
STREET ADDRESS 15036 ASHLAND DR. #41
CITY-ST-ZIP DELRAY BCH FL 33484

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PRESIDENT/DIRECTOR ☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERBERT ADELMAN

1/15/96

Date

(407) 495-9585

Daytime Phone #

CR2E037 (12/95)