


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N38913 1. Entity Name LAKES OF DELRAY WE CARE, INC.					
Principal Place of Business 15055 ASHLAND BOULEVARD DELRAY BEACH FL 33484 US				Mailing Address % HERBERT ADELMAN 5598 WITNEY DRIVE APT. 212 DELRAY BEACH FL 33484	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0208939 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ADELMAN, HERBERT 5598 WITNEY DR #212 DELRAY BEACH FL 33484				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLATZNER, NORMA		NAME		
STREET ADDRESS	15345 LAKES OF DELRAY BLVD #82		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BCH FL 33484		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHNEIDER, IRVING		NAME		
STREET ADDRESS	15109 ASHLAND DR. #324		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BCH FL 33484		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADELMAN, HERBERT		NAME		
STREET ADDRESS	5598 WITNEY DR #212		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BCH FL 33484		CITY - ST - ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAWERENCE, JEROME		NAME		
STREET ADDRESS	5550 WITNEY DRIVE #308		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BCH FL 33484		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FINKELSTEIN RHEA		NAME		
STREET ADDRESS	15036 ASHLAND DR. #41		STREET ADDRESS		
CITY - ST - ZIP	DELRAY BCH FL		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Herbert Adelman* **HERBERT ADELMAN** *1/21/04 (541)* *495-9585*