

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2006 8:00 am**  
**Secretary of State**

02-10-2006 90004 025 \*\*\*\*61.25

**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.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

65-0208939

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ADELMAN, HERBERT  
5598 WITNEY DR #212  
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete  
NAME PLATZNER, NORMA  
STREET ADDRESS 15345 LAKES OF DELRAY BLVD #82  
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 TD ☐ Delete  
NAME ADELMAN, HERBERT  
STREET ADDRESS 5598 WITNEY DR #212  
CITY-ST-ZIP DELRAY BCH FL 33484

TITLE VPD ☐ Delete  
NAME LAWERENCE, JEROME  
STREET ADDRESS 5550 WITHEY DRIVE #308  
CITY-ST-ZIP DELRAY BCH FL 33484

TITLE PD ☐ Delete  
NAME FINKELSTEIN RHEA  
STREET ADDRESS 15036 ASHLAND DR. #41  
CITY-ST-ZIP DELRAY BCH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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*

1/26/06 (56) 495-9585