

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38913

FILED
Jan 09, 2009
Secretary of State

Entity Name: LAKES OF DELRAY WE CARE, INC.

Current Principal Place of Business:

15055 ASHLAND BOULEVARD
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0208939 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: PLATZNER, NORMA
Address: 15345 LAKES OF DELRAY BLVD #82
City-St-Zip: DELRAY BCH, FL 33484

Title: D () Delete
Name: SHNEIDER, IRVING,
Address: 15109 ASHLAND DR. #324
City-St-Zip: DELRAY BCH, FL 33484

Title: TD () Delete
Name: ADELMAN, HERBERT,
Address: 5598 WITNEY DR #212
City-St-Zip: DELRAY BCH, FL 33484

Title: VPD () Delete
Name: LAWERENCE, JEROME
Address: 5550 WITHEY DRIVE #308
City-St-Zip: DELRAY BCH, FL 33484

Title: PD () Delete
Name: FINKELSTEIN RHEA,
Address: 15036 ASHLAND DR. #41
City-St-Zip: DELRAY BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERBERT ADELMAN

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01/09/2009

Electronic Signature of Signing Officer or Director

Date