

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N41329

(6)

1. Corporation Name

BOCA LAKES WE CARE, INC.



Principal Place of Business

Mailing Address

C/O 8824 WARWICK DRIVE  
BOCA RATON FL 33434-4997

C/O 8824 WARWICK DRIVE  
BOCA RATON FL 33434-4997

Deceased

Deceased

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

33433

30

Palm Beach

3. Date Incorporated or Qualified  
12/18/1990

3a. Date of Last Report  
05/01/1995

4. FEI Number

65-0235416

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SULLIVAN, LILLIAN  
8797 WARWICK DRIVE  
BOCA RATON FL 33433

81

Name

Berdella B. Whelan

82

Street Address (P.O. Box Number is Not Acceptable)

8824 Warwick Dr.

83

City

Boca Raton

84

City

Boca Raton

FL

85

Zip Code

33433

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

Berdella B. Whelan

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 20 1996

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

SULLIVAN, LILLIAN  
8797 WARWICK DR.  
BOCA RATON FL

CITY - ST - ZIP

TITLE

STD

☐ DELETE

NAME

MADFIS, MIRIAM  
8615 CHEVY CHASE  
BOCA RATON FL

CITY - ST - ZIP

TITLE

D

☐ DELETE

NAME

WHELAN, BERDELLA  
8874 WARWICK DRIVE  
BOCA RATON FL

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

100001777441

04/11/96-01112-005

\*\*\*\$61.25

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

Berdella B. Whelan 3-11-96 482-3728

Date

Daytime Phone #

CS 4/11/96

CR2E037 (12/95)