

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 BERDELLE B WHELAN  
8824 WARWICK DR  
BOCA RATON FL 33433C/O BERDELLE B WHELAN  
8824 WARWICK DR  
BOCA RATON FL 33433-18763. Date Incorporated or Qualified  
12/18/19903a. Date of Last Report  
04/11/1996

4. FEI Number

65-0235416

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHELAN, BERDELLA B  
8824 WARWICK DR  
BOCA RATON FL 33433

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

*Berdella B. Whelan*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SULLIVAN, LILLIAN  
STREET ADDRESS 8797 WARWICK DR.  
CITY-ST-ZIP BOCA RATON FL  
☐ DELETETITLE STD  
NAME MADFIS, MIRIAM  
STREET ADDRESS 8615 CHEVY CHASE  
CITY-ST-ZIP BOCA RATON FL  
☐ DELETETITLE D  
NAME WHELAN, BERDELLA  
STREET ADDRESS 8874 WARWICK DRIVE  
CITY-ST-ZIP BOCA RATON FL  
☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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:

*Berdella B. Whelan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0042010

1-6-97 561-482-3728

CR2E037 (9/96)