

FILE NOW: FILING FEE IS \$61.25

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Apr 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N48222 (6)**  
1. Corporation Name  
**FRIENDS OF THE NORTHEAST FOCAL POINT SENIOR CENT  
ER, INC.**

Principal Place of Business <b>227 NW 2ND STREET 1701 WEST HILLSBORO BLVD. SUITE 302 DEERFIELD BEACH FL 33441 US</b>	Mailing Address <b>C/O DAVID K. BROWN 1701 WEST HILLSBORO BLVD. SUITE 302 DEERFIELD BEACH FL 33442</b>
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2. Principal Place of Business <b>21 227 NW 2ND STREET</b>	2a. Mailing Address <b>26 227 NW 2ND STREET</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 DEERFIELD BEACH, FL</b>	City & State <b>28 DEERFIELD BEACH, FL</b>
Zip <b>24 33441</b>	Zip <b>29 33441</b>
Country <b>25 USA</b>	Country <b>30 USA</b>

3. Date Incorporated or Qualified <b>04/03/1992</b>
4. FEI Number <b>65-0330666</b>
Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, DAVID K.  
1701 WEST HILLSBORO BLVD.  
SUITE 302  
DEERFIELD BEACH FL 33442**

81 Name <b>Donna DeFronzo</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>227 NW 2ND STREET</b>
83
84 City <b>DEERFIELD BEACH</b>
85 Zip Code <b>33441</b>

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 *Donna DeFronzo* **Donna DeFronzo, Director**

**DF 4/7/98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>BROWN, DAVID K.</b>	
STREET ADDRESS <b>1701 W. HILLSBORO BLVD.</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>KRAWITZ, SANDRA G.</b>	
STREET ADDRESS <b>150 E. PALMETTO PK. RD. SUITE 720</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33432</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>MCKAY, VICKY</b>	
STREET ADDRESS <b>1193 S FEDERAL HWY</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE
NAME <b>WINKLER, JANE S</b>	
STREET ADDRESS <b>130 SE 7TH STREET</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL</b>	
TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>WALTERS, JUDY</b>	
STREET ADDRESS <b>1888 W HILLSBORO BLVD</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>THOMAS, NANCY</b>	
STREET ADDRESS <b>620 NW 104TH AVE</b>	
CITY-ST-ZIP <b>CORAL SPRINGS FL</b>	

1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME
1.3 STREET ADDRESS <b>6565 TAFT STREET SUITE 208</b>
1.4 CITY-ST-ZIP <b>HOLLYWOOD, FL 33024</b>
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME <b>VP</b>
6.3 STREET ADDRESS <b>Getchell, Susan M.</b>
6.4 CITY-ST-ZIP <b>5912 Okeechobee Blvd. West Palm Beach, FL 33417</b>

14. 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 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: *Susan M. Getchell*

**X 4/7/98 X(954) 426-8844**

CR2E037 (10/97)