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FILED

Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48694 (6)

1. Corporation Name

COUNT AND COUNTESS DE HOERNLE ALZHEIMERS PAVILL
ON, INC.

Principal Place of Business

Mailing Address

325 N.W. 2ND. AVE.
DEERFIELD BEACH FL 33441
US325 N.W. 2ND. AVE.
DEERFIELD BEACH FL 33441-1971
US3. Date Incorporated or Qualified
05/01/19923a. Date of Last Report
03/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FEI Number

65-0344938

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RESNICK, WILLIAM
178 PRESCOTT - I
DEERFIELD BEACH FL 33442

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

William Resnick

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☒ DELETE
NAME FREEDMAN, JOEL
STREET ADDRESS 2311 N.E. 50TH COURT
CITY-ST-ZIP LIGHTHOUSE POINT FL 330641.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Marge Conlon
1.3 STREET ADDRESS 625 sw Elm Tree Lane
1.4 CITY-ST-ZIP Boca Raton, FL 33486TITLE TD ☒ DELETE
NAME TOPI, FRED J
STREET ADDRESS 2240 N.E. 38TH STREET
CITY-ST-ZIP LIGHTHOUSE POINT FL 330642.1 TITLE SD ☐ Change ☒ Addition
2.2 NAME Stuart Hoffman
2.3 STREET ADDRESS 2295 Corp. Blvd. MW#211 Boca Raton, FL
2.4 CITY-ST-ZIP 33431TITLE D ☐ DELETE
NAME BLOOM, PHILLIP
STREET ADDRESS 1259 S.W. 9TH STREET
CITY-ST-ZIP BOCA RATON FL 334863.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Rita Hobbs
3.3 STREET ADDRESS Boca Raton Resort & Club
3.4 CITY-ST-ZIP Boca Raton, FL 33432TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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:

William Resnick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97

Date

Daytime Phone # 0042706

CR2E037 (9/96)