

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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  
US

325 N.W. 2ND. AVE.  
DEERFIELD BEACH FL 33441  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/01/1992

4. FEI Number

65-0344938

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

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

Rita Hobbs

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

501 E. Camino Real

83

84 City

Boca Raton

FL

85 Zip Code

33432

11. Pursuant to the provisions of Sections 617.05 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/98

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME CONLON, MARGE

STREET ADDRESS 625 SW ELM TREE LN

CITY-ST-ZIP BOCA RATON FL

TITLE ☒ DELETE

NAME HOFFMAN, STUART

STREET ADDRESS 2295 CORP BLVD MW#211

CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME BLOOM, PHILLIP

STREET ADDRESS 1259 S.W. 9TH STREET

CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ DELETE

NAME HOBBS, RITA

STREET ADDRESS BOCA RATON RESORT & CLUB

CITY-ST-ZIP BOCA RATON FL

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 1st Vice President

☐

Change

☒

Addition

1.2 NAME Smollar, Marvin

1.3 STREET ADDRESS 16469 Bridlewood Circle

1.4 CITY-ST-ZIP Delray Beach, FL 33445

2.1 TITLE 2nd Vice President

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Change

☒

Addition

2.2 NAME Donoghue, Terry

2.3 STREET ADDRESS 399 Palmetto Road-Ste 200

2.4 CITY-ST-ZIP Boca Raton, FL 33432

3.1 TITLE Secretary

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Change

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Addition

3.2 NAME Spiegel, Annette

3.3 STREET ADDRESS 2730 N. E. 48 Ct.

3.4 CITY-ST-ZIP Lighthouse Point, FL 33064

4.1 TITLE President

☐

Change

☒

Addition

4.2 NAME Hobbs, Rita

4.3 STREET ADDRESS 501 E. Camino Real

4.4 CITY-ST-ZIP Boca Raton, FL 33432

5.1 TITLE Treasurer

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Change

☒

Addition

5.2 NAME Bloom, Phillip

5.3 STREET ADDRESS 1259 S.W. 9th Street

5.4 CITY-ST-ZIP Boca Raton, FL 33486

6.1 TITLE

☐

Change

☐

Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this report 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:

Rita R Hobbs 4/28/98 391-6779

CR2037 (10/97)