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**Mar 05, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N48694**

1. Corporation Name

**COUNT AND COUNTESS DE HOERNLE ALZHEIMERS PAVILIO  
N, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

9. Name and Address of Current Registered Agent

**PLOUCHA, L.M. ESQ.  
C/O ATKINSON, DINER, STONE & MANKUTA, P.A.  
1946 TYLER STREET  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☒ DELETE

NAME **SMOLLER, MARVIN**  
STREET ADDRESS **16469 BRIDLEWOOD CIR**  
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE VPD ☐ DELETE

NAME **DONOUGH, TERRY**  
STREET ADDRESS **399 PALMETTO RD, #200**  
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE D ☒ DELETE

NAME **BLOOM, PHILLIP**  
STREET ADDRESS **1259 S.W. 9TH STREET**  
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE D ☐ DELETE

NAME **HOBBS, RITA**  
STREET ADDRESS **BOCA RATON RESORT & CLUB**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE T ☒ DELETE

NAME **BLOOM, PHILLIP**  
STREET ADDRESS **1259 SW 9TH STREET**  
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE SD ☐ DELETE

NAME **SPIEGEL, ANNETTE**  
STREET ADDRESS **2730 NE 48TH CT**  
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33096**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **C Sidney Goldin**  
1.3 STREET ADDRESS **5414 Collins Ave.**  
1.4 CITY-ST-ZIP **Miami, FL 33140**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Dave Farkas**  
2.3 STREET ADDRESS **6567 SW 20th Ct.**  
2.4 CITY-ST-ZIP **Plantation, FL 33317**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **Richard Gray**  
3.3 STREET ADDRESS **1100 SE 3rd Ave.**  
3.4 CITY-ST-ZIP **Ft. Laud., FL 33316**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **Rita Hobbs**  
4.3 STREET ADDRESS **501 E Camino Real**  
4.4 CITY-ST-ZIP **Boca Raton, FL 33432**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **Susan Brotman**  
5.3 STREET ADDRESS **2424 N. Federal Hwy. #314**  
5.4 CITY-ST-ZIP **Boca Raton, FL 33431**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **Goldie Goldstein**  
6.3 STREET ADDRESS **11470 Victoria Circle**  
6.4 CITY-ST-ZIP **Boynton Beach, FL 33437**

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, with all other like empowered.

SIGNATURE:

**T. S. SPINALE PERMANED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)