
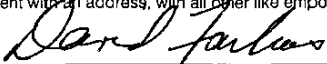


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90051 004 ****70.00

DOCUMENT # N48694 1. Entity Name COUNT AND COUNTESS DE HOERNLE ALZHEIMERS PAVILION, 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 65-0344938				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CYPEN, STEPHEN 825 ARTHUR GODFREY ROAD MIAMI, FL 33140			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PBOT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DONOGHUE, TERRY		NAME	D Fred Topi	
STREET ADDRESS	P O BOX 27299		STREET ADDRESS	2240 N.E. 38th Street	
CITY-ST-ZIP	BOCA RATON, FL 33437		CITY-ST-ZIP	Lighthouse Point, FL 33064	
TITLE	COB	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARKAS, DAVID		NAME		
STREET ADDRESS	6567 SW 20TH COURT		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33317		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SIDNEY, GOLDIN		NAME	D Fred Stock	
STREET ADDRESS	5415 COLLINS AVE APT PHA		STREET ADDRESS	5200 NE 2nd Avenue	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	Miami, FL 33137	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROTMAN, SUSAN		NAME		
STREET ADDRESS	2424 N FEDERAL HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE	O	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOLOMON, BARRY J		NAME		
STREET ADDRESS	2863 VIA VENZIA		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33432		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDSTEIN, GOLDIE		NAME		
STREET ADDRESS	11470 VICTORIA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	