## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N48694

City-St-Zip:

BOYNTON BEACH, FL 33437

Apr 25, 2007 Secretary of State

Entity Name: COUNT AND COUNTESS DE HOERNLE ALZHEIMERS PAVILION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 325 N.W. 2ND. AVE. DEERFIELD BEACH, FL 33441 US **Current Mailing Address: New Mailing Address:** 325 N.W. 2ND. AVE DEERFIELD BEACH, FL 33441 US FEI Number: 65-0344938 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CYPEN, STEPHEN CYPEN, STEPHEN 825 ARTHUR GODFREY ROAD CYPEN & CYPEN 825 ARTHUR GODFREY ROAD MIAMI, FL 33140 MIAMI BEACH, FL 33140 US 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. SIGNATURE: 04/25/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition TOBI, FRED TOBI, FRED Name: Name: 2240 NE 38TH ST Address: 2240 NE 38TH ST Address: City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: LIGHTHOUSE POINT, FL 33064 Title: COB ( ) Delete Title: () Change () Addition FARKAS, DAVID Name: Name: Address: 6567 SW 20TH COURT Address: City-St-Zip: PLANTATION, FL 33317 City-St-Zip: Title: (X) Delete Title: () Change () Addition STOCK, FRED Name: Name: Address: 5200 NE 2ND AVE Address: City-St-Zip: MIAMI, FL 33137 City-St-Zip: (X) Change ( ) Addition Title: ( ) Delete Title: Name: BROTMAN, SUSAN Name: BROTMAN, SUSAN 2424 N FEDERAL HIGHWAY #411 Address: 2424 N FEDERAL HIGHWAY Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: BOCA RATON, FL 33431 Title: () Delete Title: (X) Change ( ) Addition GOLDSTEIN, GOLDIE GOLDSTEIN, GOLDIE Name: Name: 11470 VICTORIA CIRCLE 23287 BLUEWATER CIRCLE, A-406 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

BOCA RATON, FL 33433

SIGNATURE: DAVID FARKAS COB 04/25/2007