## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

N93000001722 (8)

POINCIANA WE CARE, INC.

## **FILED** Jan 16 1997 8:00am Secretary of State



Principal Place of Business			Mailing Address					3 - 10 % 1/2 07 07 10 10 10 1/2 10 05 1/1 05 1/1 00 1/1 ( 00 1/1 00 1/1 1/1 1/1 1/1 1/1 1/1 1/1 1					
%SIDNEY MARGOLIN 3524 POINCIANA DR., APT. 505			%SIDNEY MARGOLIN										
			3524 POINCIANA DR., APT, 505										
LAKE WORTH F	FL 33467	LAKI	E WORTH FL 33467-2	(818)			3.	Date Incor 04/1	porated or Qua 6/1993	lified		te of Last I 01/25/19	
2. Principal P	lace of Business	2a.	Mailing Address				4,	FEI Numbe	er e		\		pplied For
21			26					65-0	407220			<del></del>	lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.										Additional
22		27					5.	Certificate	of Status Desire	∌ď			Required
City & State	ė		City & State				6.	Election Ca	ampaign Financ	sina		\$5.00	May Be
23		28							Contribution				to Fees
Zip	Country		Zip	c	ountry		В.	This corpo	ration has liabil	ity for ir	ntangible	tax under	s. 199.032,
24	25	29		30				Florida Sta			Yes 🗶		
	9. Name and Address of Curr	ent Registe	ered Agent				10.	Name and	Address of N	ew Reç	istered /	igent	
					81	Name	<del>)</del>						İ
MARGO	LIN, SIDNEY				82	Stroot	Address (D	O Box Nu	mber is Not Ac	centahi	<u></u>		
	DINCIANA DR.		52 Street A			nuuless (r	.U. DUX NU	IIIDO IS NOLAC	Phian	o)			
APT, 50					83								
	ORTH FL 33467				-							11	-
LOUIS 11	011111   2 00 101				84	City					FL	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 617.0	502 and 61	7 1508 Florida Stati	ites the	abovi	a-named	d corporatio	n submits t	nis statement fo	r the pr	ironse of	changing	its registered
office or r	egistered agent, or both, in the Sta	ite of Florida	<ol> <li>Such change was</li> </ol>	authori	zed by	the cor	rporation's b	oard of dire	ectors. I <b>here</b> by	accep	t the app	ointment a	s registered
agentia	m familiar with, and accept the obl	igations or,	Section 617.0503, F	-iorida S	statutes	S.							
SIGNATURE .	Signature, typed or printed name of registered in	enen) and title if	anglicable (NC	TF: Renis	ered Ane	nt signatur	re required when	reinstating)			DATE		<del></del>
12.	OFFICERS A				3.				/CHANGES TO	OFFIC		DIRECTO	RS IN 12
TITLE	PD		DELETE		1 TITLE		Ϊ					Change	
NAME	MARGOLIN, SIDNEY			1	2 NAME								
STREET ADDRESS	3524 POINCIANA DR., APT.	505				ADDRESS							
CITY-ST-ZIP	LAKE WORTH FL 33467	. 000			4 CiTY-S								
TITLE	TD		DELETE		1 TITLE	i - Til	+					Change	Addition
NAME	PINSKEY, FANYE		-		2 NAME		-						
	3524 POINCIANA DR., APT.	606				+Dance.							1
STREET ADDRESS	LAKE WORTH FL 33467	. 003		1		ADDRESS							
CITY - ST - ZIP	SD SD		DELETE		4 CITY - I	SI - ZIP		· · · · · · · · · · · · · · · · · · ·				Change	Addition
TITLE			First Detects		2 NAME							- vitalige	L NOUIIION
NAME	FISHER, NORMA D	600		1			1						
STREET ADDRESS	3590 POINCIANA DR., APT	. 002				ADDRESS							į
CITY-ST-ZIP	LAKE WORTH FL 33467		DELETE		4. CITY-:	ST-ZIP	<u> </u>					Chance	Addition
TITLE	D CYLVIA		DELETE		1 TITLE							change	- Addition
NAME	LUBER, SYLVIA	400		1	2 NAME								
STREET ADDRESS	3524 POINCIANA DR., APT	. 102				AODRESS							
CITY-ST-ZIP	LAKE WORTH FL 33467		- Beyere		4 CITY-S	T-ZIP		····				T 1 04	A Jaki .
TITLE	D		☐ DELETE		1 TITLE							Change	Addition
NAME	SCHWARTZ, RICHARD				2 NAME								
STREET ADDRESS	%3524 POINCIANA DR., AF	21. <b>50</b> 5		5	3 STREET	ADDRESS							
CITY-ST-ZIP	LAKE WORTH FL 33467				.4 CITY - S	T-ZIP	ļ					<del></del>	
TITLE	D		DELETE	6.	1 TITLE							Change	Addition
NAME	ROSENBERG, JOAN			6.	.2 NAME				•				
STREET ADDRESS	3810 POINICIANA DR., APT	Г. 408		6	.3 STREET	ADORESS	i [						
CITY-ST-ZIP	LAKE WORTH FL			6	4 CITY-5	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:**