

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005197 (6)

1. Corporation Name

ALZHEIMER'S COMMUNITY CARE ASSOCIATION OF PALM B
EACH AND MARTIN COUNTIES, INC.

Principal Place of Business

Mailing Address

707 CHILLINGWORTH DRIVE
SUITE 12
WEST PALM BEACH FL 33409707 CHILLINGWORTH DRIVE
SUITE 12
WEST PALM BEACH FL 33409-41243. Date Incorporated or Qualified
10/08/1996

3a. Date of Last Report

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

4. FEI Number

31-1481653

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HCRM CORP.
2200 CORPORATE BLVD NW
SUITE 401
BOCA RATON FL 33431

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BAHEN, JACK
STREET ADDRESS 9020 VILLA POROFINO CIRCLE
CITY-ST-ZIP BOCA RATON FL 334961.1 TITLE P ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME KROLL, FRED
STREET ADDRESS 11289 PIPING ROCK DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 334372.1 TITLE S ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME GREGORY, JAMES FRAGAKIS
STREET ADDRESS P.O. BOX 2326
CITY-ST-ZIP WEST PALM BEACH FL 334023.1 TITLE T ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 1120 Elizabeth Avenue
3.4 CITY-ST-ZIP West Palm Beach, FL 33401TITLE D ☐ DELETE
NAME TAMMANY, JOSEPH
STREET ADDRESS 899 S.E. 2ND AVENUE
CITY-ST-ZIP DEERFIELD BEACH FL 334414.1 TITLE VP ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME MILLER, CARMEN
STREET ADDRESS 2630 SPICE BERRY LANE
CITY-ST-ZIP BOYNTON BEACH FL 334365.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Tuchman, Michael M.
5.3 STREET ADDRESS 3365 Burns Rd. #206
5.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410TITLE D ☐ DELETE
NAME JONES, GASTON
STREET ADDRESS 1100 SW SHORELINE DR, APT 308
CITY-ST-ZIP PALM CITY FL 349906.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 8, 1997

Date

Deadline Phone # 90467112

CR2E037 (9/96)