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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT

~~1998~~

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005197 (6)

1. Corporation Name

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

Principal Place of Business	Mailing Address
800 NORTHPOINT PARKWAY SUITE 101-B WEST PALM BEACH FL 33407	800 NORTHPOINT PARKWAY SUITE 101-B WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified: 10/08/1996

4. FEI Number: 31-1481653 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	BAHEN, JACK		1.2 NAME	Donald Van Gorp	
STREET ADDRESS	9020 VILLA POROFINO CIRCLE		1.3 STREET ADDRESS	3611 SE Clubhouse Drive	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	Stuart, FL 34997	
TITLE	S	☐ DELETE	2.1 TITLE	Director	☒ Change ☐ Addition
NAME	KROLL, FRED		2.2 NAME	Kroll, Fred	
STREET ADDRESS	11289 PIPING ROCK DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	Secretary/Treasurer	☒ Change ☐ Addition
NAME	GREGORY, JAMES FRAGAKIS		3.2 NAME	Gregory, James F.	
STREET ADDRESS	1120 ELIZABETH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	Director	☐ Change ☒ Addition
NAME	TAMMANY, JOSEPH		4.2 NAME	G. Mark Shalloway	
STREET ADDRESS	899 S.E. 2ND AVENUE		4.3 STREET ADDRESS	748 Eastwind Drive	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		4.4 CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	D	☐ DELETE	5.1 TITLE	Director	☐ Change ☒ Addition
NAME	TUCHMAN, MICHAEL M		5.2 NAME	Gerald B. Church	
STREET ADDRESS	3365 BURNS RD 206		5.3 STREET ADDRESS	2575 S. Ocean Blvd., #310	
CITY-ST-ZIP	PALM BCH GARDENS FL		5.4 CITY-ST-ZIP	Highland Beach, FL 33487	
TITLE	D	☐ DELETE	6.1 TITLE	President	☒ Change ☐ Addition
NAME	JONES, GASTON		6.2 NAME	Jones, Gaston	
STREET ADDRESS	1100 SW SHORELINE DR, APT 308		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: [signature] REQUIRED James F. Gregory Sec./Treas. 01-14-98 561-655-4700

To: FL Dept. of State

Fr: Mary Barnes, Executive Director

Re: Additional officers of the Alzheimer's Community Care Assn. of Palm Beach and Martin Counties, Inc.

Dt: January 14, 1998

Additions:

Title	V
Name	John McCracken
Street Address	245 Barton Avenue
City-St-Zip	Palm Beach, FL 33480

Title	D
Name	Ruth Rosenberg
Street Address	6057 Kings Gate Circle
City-St-Zip	Delray Beach, FL 33484