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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005197

1. Corporation Name

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

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

Mailing Address
**800 NORTHPOINT PARKWAY
SUITE 101-B
WEST PALM BEACH FL 33407**

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/08/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		31-1481653	
24 Country		29 Country		5. Certificate of Status Desired	
				8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	

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 **John B. McCracken, Esq.**
82 Street Address (P.O. Box Number is Not Acceptable)
505 South Flagler Drive
83 **Suite 1100**
84 City **West Palm Beach** **FL** 85 Zip Code **33401**

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

3/11/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	D DONALD VAN CORP	1.2 NAME	Donald Van Corp
STREET ADDRESS	3811 SE CLUBHOUSE DR.	1.3 STREET ADDRESS	3611 S.E. Clubhouse Place
CITY-ST-ZIP	STUART FL 34997	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☒ Change ☒ Addition
NAME	D KROLL, FRED	2.2 NAME	Gerald Church
STREET ADDRESS	11289 PIPING ROCK DRIVE	2.3 STREET ADDRESS	2575 South Ocean Boulevard, #310
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	Highland Beach, FL 33487
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	ST GREGORY, JAMES FRAGAKIS	3.2 NAME	Ellen S. Warner
STREET ADDRESS	1120 ELIZABETH AVE	3.3 STREET ADDRESS	12633 159th Court North
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	Jupiter, FL 33478
TITLE	☒ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	D TAMMANY, JOSEPH	4.2 NAME	John B. McCracken
STREET ADDRESS	899 S.E. 2ND AVENUE	4.3 STREET ADDRESS	505 South Flagler Drive, Suite 1100
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	4.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	☒ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME	D TUCHMAN, MICHAEL M	5.2 NAME	Audrey Wolf
STREET ADDRESS	3365 BURNS RD 206	5.3 STREET ADDRESS	6627 Overland Drive
CITY-ST-ZIP	PALM BCH GARDENS FL	5.4 CITY-ST-ZIP	Delray Beach, FL 33484
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME	P JONES, GASTON	6.2 NAME	G. Mark Shalloway
STREET ADDRESS	1100 SW SHORELINE DR, APT 308	6.3 STREET ADDRESS	748 Eastwind Drive
CITY-ST-ZIP	PALM CITY FL 34990	6.4 CITY-ST-ZIP	North Palm Beach, FL 33408

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/11/99

223-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

250400-70111-27
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1999 NONPROFIT CORPORATION ANNUAL REPORT - ATTACHMENT

Florida Department of State
Katherine Harris, Secretary of State
Division of Corporations

Document #N96000005197

1. **ALZHEIMER'S COMMUNITY CARE ASSOCIATION OF PALM BEACH & MARTIN COUNTIES, INC.**
2. **800 Northpoint Parkway, Suite 101-B**
West Palm Beach, FL 33407

12. OFFICERS AND DIRECTORS:

BOARD OF DIRECTORS 1999

(Mr.) **Gaston Jones, President**
Sandhill Cove, Apt. 308
1100 SW Shoreline Drive
Palm City, FL 34990

(Mr.) **G. Mark Shalloway**
748 Eastwind Drive
North Palm Beach, FL 33408

(Mr.) **John B. McCracken, Vice President**
P.O. Box 3475
West Palm Beach, FL 33402

(Mrs.) **Ellen S. Warner**
12633 159th Court North
Jupiter, FL 33478

(Mr.) **James Fragakis Gregory, Sec./Treas.**
1120 Elizabeth Avenue
West Palm Beach, FL

(Mr.) **Donald Van Gorp**
3611 S.E. Clubhouse Place
Stuart, FL 34997

(Mr.) **Fred Kroll**
11289 Piping Rock Drive
Boynton Beach, FL 33437

(Mr.) **Gerald Church**
2575 S. Ocean Blvd., #
310 Highland Beach, FL 33487

(Mrs.) **Audrey Wolf**
6627 Overland Drive
Delray Beach, FL 33484

(Mr.) **Jerome C. (Jerry) Kelter**
5644 High Flyer Road East
Palm Beach Gardens, FL 33418