2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
03-22-2000 90072 045 ****61.25

DOCUMENT # N96000005197

1. Entity Name

ALZHEIMER'S COMMUNITY CARE ASSOCIATION OF PALM B

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 33407-1978

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCRACKEN, JOHN B 505 SOUTH FLAGLER DRIVE SUITE 1100 WEST PALM BEACH FL 33401	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 JRL 1/21/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONALD VAN CORP 3611 S.E. CLUBHOUSE PLACE STUART FL 34997	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D G. Mark Shalloway 118 Satinwood Lane Palm Beach Gardens, FL 33410	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KROLL, FRED 11289 PIPING ROCK DRIVE BOYNTON BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ellen S. Warner 12633 159th Court North Jupiter, FL 33478	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GREGORY, JAMES FRAGAKIS 1120 ELIZABETH AVE WEST PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dr. Richard M. Cromie 225 Jamaica Lane Palm Beach, FL 33480	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCRACKEN, JOHN B 505 SOUTH FLAGLER DRIVE, SUITE 1100 WEST PALM BEACH FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gerald Church 2575 S. Ocean Blvd., #310 Highland Beach, FL 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOLF, AUDREY 6627 OVERLAND DRIVE DELRAY BEACH FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jerome C. Kelter 5644 Higher Flyer Road East Palm Beach Gardens, FL 33418	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JONES, GASTON 1100 SW SHORELINE DR, APT 308 PALM CITY FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Gaston C. Jones, President GASTON C JONES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #