


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000002150
 1. Entity Name
 SGI SUPPORTIVE HOUSING, INC.



Principal Place of Business Mailing Address
 STEIN GERONTOLOGICAL INSTITUTE STEIN GERONTOLOGICAL INSTITUTE
 5200 NE 2ND AVE 5200 NE 2ND AVE
 MIAMI, FL 33137-2706 MIAMI, FL 33137-2706

DO NOT WRITE IN THIS SPACE



01222004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 65-0492054 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ROOS, BERNARD A
 STEIN GERONTOLOGICAL INSTITUTE
 5200 NE 2ND AVE
 MIAMI, FL 33137

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CYPEN, IRVING 825 ARTHUR GODFREY RD MIAMI BEACH, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CYPEN, WAYNE A 825 ARTHUR GODFREY RD MIAMI BEACH, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CYPEN, STEPHEN H 825 ARTHUR GODFREY RD MIAMI BEACH, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BECK, HAROLD 700 CORAL WAY CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADY, DAN 701 LINCOLN ROAD MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000045882
 02/11/04-80072-016 70.00

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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: Daniel Brady President 1/22/04 305 751-8626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daniel Brady Date Daytime Phone #