

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N42552** (2)

1. Corporation Name

**SUPER SENIORS SITE ADVISORY COUNCIL, INC.**



Principal Place of Business

Mailing Address

S.W. FOCAL POINT SENIOR CENTER  
6700 SW 13TH STREET  
PEMBROKE PINES FL 33023

S.W. FOCAL POINT SENIOR CENTER  
6700 SW 13TH STREET  
PEMBROKE PINES FL 33023

**\*\*PLEASE NOTE CHANGE OF ADDRESS**

3. Date Incorporated or Qualified

**03/19/1991**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **301 N.W. 103 Avenue**

26 **301 N.W. 103 Avenue**

4. FEI Number

**65-0290126**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Pembroke Pines, Florida**

28 **Pembroke Pines, Florida**

Zip

Country

24 **33026**

25 **Broward**

Zip

Country

29 **33026**

30 **Broward**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONCA, LUCY  
12500 SW 6TH ST  
PEMBROKE PINES FL 33027**

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

TITLE **VD** ☐ DELETE  
NAME **COLAGEO, SARAH**  
STREET ADDRESS **8140 NW 10TH ST**  
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **SD** ☐ DELETE  
NAME **MUSTELLO, ALICE**  
STREET ADDRESS **1000 COLONY POINT B-2 APT 108**  
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE **PD** ☐ DELETE  
NAME **CONCA, LUCY**  
STREET ADDRESS **12500 S.W. 6TH ST.**  
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

*Lucy Conca* 1/24/96 (954) 450-6888

Date

Daytime Phone #

CR2E037 (12/95)