


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am
Secretary of State

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|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N42552** (2)
Corporation Name
SUPER SENIORS SITE ADVISORY COUNCIL, INC.



| | | | | | |
|---|--|--|--|---|--|
| Principal Place of Business 301 NW 103 AVENUE PEMBROKE PINES FL 33026 US | | Mailing Address 301 NW 103 AVENUE PEMBROKE PINES FL 33026 US | | 3. Date Incorporated or Qualified 03/19/1991 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 4. FEI Number 65-0290126 Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | | | | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | |
|---|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent CONCA, LUCY 12500 SW 6TH ST PEMBROKE PINES FL 33027 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81 Name VERONICA DI STEFANO | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 2331 BAYBERRY DRIVE | |
| | | | | 83 PEMBROKE PINES, FL 33024 | |
| | | | | 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 *Veronica Di Stefano* **VERONICA DE STEFANO** **1/29/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | | | | | | | |
|----------------------------|----------------------|--|--|---|--------------------------|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | COLAGEO, SARAH | | | 1.2 NAME | ELIZABETH IORIO | | |
| STREET ADDRESS | 8140 NW 10TH ST | | | 1.3 STREET ADDRESS | 801 S.W. 133 TERRACE | | |
| CITY-ST-ZIP | PEMBROKE PINES FL | | | 1.4 CITY-ST-ZIP | PEMBROKE PINES, FL 33027 | | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | DI STEFANO, VERONICA | | | 2.2 NAME | LUCY CONCA | | |
| STREET ADDRESS | 2331 BAYBERRY DR | | | 2.3 STREET ADDRESS | 12500 SW 6TH STREET | | |
| CITY-ST-ZIP | PEMBROKE PINES FL | | | 2.4 CITY-ST-ZIP | PEMBROKE PINES, FL | | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CONCA, LUCY | | | 3.2 NAME | MARY MUNDO | | |
| STREET ADDRESS | 12500 S.W. 6TH ST. | | | 3.3 STREET ADDRESS | 7861 JOHNSON STREET | | |
| CITY-ST-ZIP | PEMBROKE PINES FL | | | 3.4 CITY-ST-ZIP | PEMBROKE PINES, FL 33024 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

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: *Elizabeth Iorio* **ELIZABETH IORIO** **1/29/98** **(954) 450-6888**

CR2E037 (1097)