

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90213 034 ****61.25

DOCUMENT # N42552

1. Entity 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**

44044317



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0290126

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PRESLER, AGNES
401 NW 103 AVENUE APT 360
PEMBROKE PINES, FL 33026**

DELETE

7. Name and Address of New Registered Agent

Name
MARGARET SPAGNA, Pres.
Street Address (P.O. Box Number is Not Acceptable)

601 NW 103 Ave. #453
City **Pembroke Pines** FL Zip Code **33026**

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

Margaret Spagna

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-17-04

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
MASCARA, TRESSA
301 N 71 AVE
HOLLYWOOD, FL 33024** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
FITZPATRICK, ROSE
601 NW 103 AVENUE APT 466
PEMBROKE PINES, FL 33026** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SPAGNA, MARGARET
601 NW 103 AVE #453
HOLLYWOOD, FL 33026** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD Effie Kelly
401 NW 103 Ave. #455
Pembroke Pines, FL 33026** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD Stanley Goldstein
9200 N. Hollybrook Lake Dr.
Pembroke Pines, FL 33026** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Stanley Goldstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/04 ⁹⁵⁴ **450-6888**

Date

Daytime Phone #