

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90732 028 ****61.25

DOCUMENT # N42193

1. Entity Name

POST POLIO SYNDROME SUPPORT GROUP OF GREATER
FORT LAUDERDALE, INC.



Principal Place of Business

111 S HOLLYBROOK DRIVE
SUITE 108
PEMBROKE PINES FL 33025
US

Mailing Address

111 S HOLLYBROOK DRIVE
SUITE 108
PEMBROKE PINES FL 33025
US

94057373



MOORE

CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0254465

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

7. Name and Address of New Registered Agent

SACCO, DORA J
111 SOUTH HOLLYBROOK DR
APT 108
PEMBROKE PINES FL 33025

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. 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

FILE NOW: 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 PD ☐ Delete
NAME BRUDO, EMANUEL
STREET ADDRESS 10368 NW 24TH PLACE
CITY-ST-ZIP FT LAUDERDALE FL 33321

TITLE V/D ☒ Delete
NAME MASS, PHYLLIS
STREET ADDRESS 7423 GRANVILLE DRIVE
CITY-ST-ZIP TAMARAC FL 33321

TITLE VD ☐ Delete
NAME BILTNER, EUNICE
STREET ADDRESS 9580 WELDON CIRCLE
CITY-ST-ZIP TAMARAC FL 33321

TITLE SD ☐ Delete
NAME HAYDEN, JOSEPHINE
STREET ADDRESS 5853 HALMBERG ROAD # 3216
CITY-ST-ZIP PARKLAND FL 33067

TITLE I ☐ Delete
NAME SACCO, DORA J
STREET ADDRESS 111 S HOLLYBROOK DRIVE APT 108
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: DORA J. SACCO / Nora J. Sacco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/04 (954) 0839
Date Daytime Phone #