


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N42193</b>		
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	

**DO NOT WRITE IN THIS SPACE**



07042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0254465	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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

<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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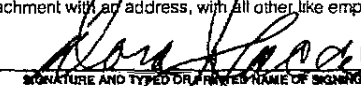
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUDO, EMANUEL 10368 NW 24TH PLACE FT LAUDERDALE, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BILTNER, EUNICE 9580 WELDON CIRCLE TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAYDEN, JOSEPHINE 5853 HALMBERG ROAD # 3216 PARKLAND, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SACCO, DORA J 111 S HOLLYBROOK DRIVE APT 108 PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/11/05-80001-002 61.25

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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)(f), 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:**  **7/5/05**

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