FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # N

N42552

(2)

SUPER SENIORS SITE ADVISORY COUNCIL, INC.

Principal Place of Business Mailing Address										
301 NW 103 AVENUE 301 NW 103 AVENUE PEMBROKE PINES FL 33026-6 US					026-6010					
US			•					3. Date Incorporated or Qualified 03/19/1991 3a. Date of Last Report 02/26/1996		
2. Principal P	lace of Busin	ness	_	2e. Mailing Address				4. FEI Number Applied For Not Applied For Not Applied For		
Sulte, Apt. #, etc.				Suite, Apt. #, etc.				SR 75 Additional		
22			27					5. Certificate of Status Desired Fee Required		
City & State				City & State				6. Election Campaign Financing \$5.00 May Be		
Zip Country			28	Zip Country				Trust Fund Contribution		
24	25			29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		
9. Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent		
						81	Name)		
CONCA, LUCY					B2 Street Addre			t Address (P.O. Box Number is Not Acceptable)		
12500 SW 6TH ST PEMBROKE PINES FL 33027						B3	-			
PEMBRU	NE PINES	FL 33021								
						84	City	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, to office or registered agent, or both, in the State of Florida. Such change was authors agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida						d by	y the corp	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered		
SIGNATURE _	ili (g illisici Y Yi	in, and accept the oblig	gations o	1, 300((0)) 0 17:0303, 1	iona otal	uics	, .			
SIGNATURE	Signalure, typed	or printed name of registered a	·			Áge	enulang a loe	re required when reinstating) DATE		
12.	VD	OFFICERS A	ND DIREC	CTORS DELETE	13.	T/ F	т	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition		
TITLE NAME		O, SARAH		T OFFEIT	1.1 TI 1.2 N/					
STREET ADDRESS		V 10TH ST					ADDRESS			
CITY-ST-ZIP		OKE PINES FL					ST-ZIP			
TITLE	\$D			DELETE	2.1 1			SD Change Additio		
NAME	MUSTEL	LO, ALICE			2.2 N/	AME	ĺ	DI STEFANO, VERONICA		
STREET ADDRESS		DLONY POINT B-2 A	PT 108		23 51	REET	ADDRESS	2331 BAYBERRY DRIVE		
CITY-ST-ZIP		OKE PINES FL		T beleve			ST-ZIP	PEMBROKE PINES, FL 33024		
TITLE	PD	11100		☐ DELETE	3.1 Ti			Change Additio		
NAME	CONCA,	, LUCY S.W. 6TH ST.			3.2 N/		. ADDDEAA			
STREET ADDRESS		OKE PINES FL			•		ADDRESS			
CITY+ST+ZIP TITLE	FEMDRE	ML FINLO I L		X DELETE	4.1 TC	_	ST-ZIP	K Change Additio		
NAME					4. 2 N					
STREET ADDRESS					4.3 51	REET	ADDRESS			
CITY-ST-ZIP					4.4 CI	TY-S	ST - ZIP			
TITLE				☐ DELETE	5.1 TI	TLE		Change Additio		
NAME					5.2 NA	ME				
STREET ADDRESS					5.3 ST	REET	ADDRESS			
CITY-\$T-ZIP				DELETE			ST-ZIP			
TITLE				DELETE	6.1 TO			☐ Change ☐ Additio		
NAME					6.2 NA		LEDDESS			
STREET ADDRESS						6.3 STREET ADDRESS 6.4 CITY-ST-ZIP				
CITY-ST-ZIP					■ 6.4 CI	ır-S	/1-Z(F)			

14. I do 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 prirustee empowered to execute this report as required by Chapter 517, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an all of ment with an arrivos.

CR2E037 (9/96)

FILED

Apr 10 1997 8:00am

Secretary of State