

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 12 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42552 (2)
 Corporation Name
SUPER SENIORS SITE ADVISORY COUNCIL, INC.



Principal Place of Business		Mailing Address	
301 NW 103 AVENUE PEMBROKE PINES FL 33026 US		301 NW 103 AVENUE PEMBROKE PINES FL 33026 US	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified
03/19/1991

4. FEI Number
65-0290126

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 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

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	COLAGEO, SARAH	
STREET ADDRESS	8140 NW 10TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DI STEFANO, VERONICA	
STREET ADDRESS	2331 BAYBERRY DR	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CONCA, LUCY	
STREET ADDRESS	12500 S.W. 6TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ELIZABETH IORIO	
1.3 STREET ADDRESS	801 S.W. 133 TERRACE	
1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LUCY CONCA	
2.3 STREET ADDRESS	12500 SW 6TH STREET	
2.4 CITY-ST-ZIP	PEMBROKE PINES, FL	
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARY MUNDO	
3.3 STREET ADDRESS	7861 JOHNSON STREET	
3.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33024	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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**

CR2E087 (10/97)