

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N42552
 1. Corporation Name
SUPER SENIORS SITE ADVISORY COUNCIL, INC.

FILED
 99 APR 19 AM 10:02
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 301 NW 100 AVENUE 301 NW 100 AVENUE
 PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026
 US US



21. Principal Place of Business	22. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	22. Suite, Apt. #, etc.	03/19/1991
23. City & State	27. City & State	4. FEI Number
24. Zip	28. Zip	65-0290126
25. Country	29. Country	Applied For
		Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/>
VERONICA DI STEFANO		\$8.75 Additional Fee Required
2331 BAYBERRY DRIVE		6. Election Campaign Financing <input type="checkbox"/>
PEMBROKE PINES FL 33027		Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VERONICA DI STEFANO		81. Name	XXXXXXXXXXXXXXXXXX
2331 BAYBERRY DRIVE		82. Street Address (P.O. Box Number is Not Acceptable)	XXXXXXXXXXXXXXXXXX
PEMBROKE PINES FL 33027		83. City	XXXXXXXXXXXX
		FL 85	33027

11. Pursuant to the provisions of Sections 617.0502 and 617.1504, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD COLAGEO, SARAH <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VP XXXXXXXXXXXX <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8140 NW 10TH ST	1.2 NAME	ELIZABETH IORIO
CITY-ST-ZIP	PEMBROKE PINES FL	1.3 STREET ADDRESS	801 S.W. 133 TERR
TITLE	SD CONA, LUCY <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12500 SW 6TH STREET	2.1 TITLE	
CITY-ST-ZIP	PEMBROKE PINES FL	2.2 NAME	
TITLE	PD MUNDO, MARY <input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
STREET ADDRESS	7881 JOHNSON STREET	2.4 CITY-ST-ZIP	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY-ST-ZIP	
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)(b), 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED Lucy Cona 3/25/99

CP2E037 (1/98)