


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

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90097 022 \*\*\*\*61.25

50025379



<b>DOCUMENT # N42552</b>					
1. Entity Name SUPER SENIORS SITE ADVISORY COUNCIL, INC.					
Principal Place of Business 301 NW 103 AVENUE PEMBROKE PINES, FL 33026 US			Mailing Address 301 NW 103 AVENUE PEMBROKE PINES, FL 33026 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0290126	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SPAGNA, MARGARET PRES 601 NW 103 AVE #453 PEMPROKE PINES, FL 33026 <i>DELETE</i>				Name: Rose Fitzpatrick Street Address (P.O. Box Number is Not Acceptable): 601 NW 103 Avenue #466 City: Pembroke Pines, Florida 33026 State: 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MASCARA, TRESSA		NAME	Joan Aronson	
STREET ADDRESS	301 N 71 AVE		STREET ADDRESS	1300 St. Charles Place #607	
CITY-ST-ZIP	HOLLYWOOD, FL 33024		CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLY, EFFIE		NAME		
STREET ADDRESS	401 NW 103RD AVE #455		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPAGNA, MARGARET		NAME	Rose Fitzpatrick	
STREET ADDRESS	601 NW 103 AVE #453		STREET ADDRESS	601 NW 103rd Avenue #466	
CITY-ST-ZIP	HOLLYWOOD, FL 33026		CITY-ST-ZIP	Pembroke Pines, Florida 33026	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDSTEIN, STANLEY		NAME	Lydia Seus	
STREET ADDRESS	9200 N HOLLYBROOK LAKE DR		STREET ADDRESS	1620 N 70th Terrace	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026		CITY-ST-ZIP	Hollywood, Florida 33024	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Rose Fitzpatrick</i>				Date: 3/7/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

ATTACHMENT

# N 42552

STATE OF FLORIDA  
COUNTY OF

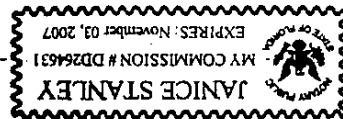
FLORIDA 50025379

I, the undersigned authority, hereby certify that the document is a true and correct copy of the instrument presented to me by S.W. Focal Point as the updated original of such instrument.  
Sr. Ctr. Senior Site Council

Witness, my hand and official seal, this 17 day of November A.D., 2004

Janice Stanley

Notary Public  
State of Florida



For Public Record  
Officers of Record November 10, 2004

President	Rose Fitzpatrick	<u>Rose Fitzpatrick 601 NW 103 Ave</u>	<u>#466</u>
Vice President	Joan Aronson	<u>Joan Aronson 1300 St. Charles Pl.</u>	<u>PP 33026</u>
Secretary	Effie Keller	<u>Effie Keller</u>	<u>#607</u>
Bingo Chairperson	Madeline Zanfardino	<u>Madeline Zanfardino 550 SW 137 Ave</u>	
Treasure	Lydia Seus	<u>Lydia Seus 1620 N. 70th Terr.</u>	<u>#406 AP</u>
Assistant Treasurer	Nellie Ruiz	<u>Nellie Ruiz 33024</u>	<u>33021</u>
Sunshine/Coffee Chairperson	Florence Valente	<u>Florence Valente</u>	
Assistant Sunshine/Coffee Chairperson	Hilda Jimenez	<u>Hilda Jimenez</u>	
Ways & Means Chairperson	Sarah Colageo	<u>Sarah Colageo</u>	
Assistant Ways & Means Chairperson	Violeta Blackman	<u>Violeta Blackman</u>	

7 Alternate Members

1. Rose Aguirre
2. Vickie Frisco Vickie Frisco 7300 N. DAWIE RD EXT. HWD 33024
4. Tressa Mascara Tressa Mascara
5. Bernice Norman Bernice Norman
6. Lucy Polito Lucy Polito
7. Philomena Winthrop Philomena Winthrop

Installed this 10<sup>th</sup> day of November 2004 by Commissioner Ben Fiorendino

Ben Fiorendino  
Commissioner Ben Fiorendino