

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# N42552

Entity Name: SUPER SENIORS SITE ADVISORY COUNCIL, INC.

Current Principal Place of Business:

301 NW 103 AVENUE
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

301 NW 103 AVENUE
PEMBROKE PINES, FL 33026 US

New Mailing Address:

FEI Number: 65-0290126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAZZOWITZ, ROBERT
1251 SW 1 134TH WAY #A -114
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: KELLER, EFFIE
Address: 401 NW 103RD AVE. #455
City-St-Zip: PEMBROKE PINES, FL 33026

Title: SD () Delete
Name: KELLER, EFFIE
Address: 401 NW 103RD AVE #455
City-St-Zip: PEMBROKE PINES, FL 33026

Title: PD () Delete
Name: NAZZOWITZ, ROBERTA
Address: 1251 SW 134TH WAY #A-114
City-St-Zip: PEMBROKE PINES, FL 33024

Title: TD () Delete
Name: NORMAN, BERNICE
Address: 401 NW 103RD AVENUE #556
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNICE NORMAN

TD

03/05/2009

Electronic Signature of Signing Officer or Director

Date