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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 11:45

DOCUMENT # **N46104** **(8)**

1. Corporation Name

SENIOR CITIZENS OF GREATER MIRAMAR, INC.

Principal Place of Business	Mailing Address
6920 S.W. 35TH ST MIRAMAR FL 33023	6750 ARBOR DR #203 MIRAMAR FL 33023 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1991
3a. Date of Last Report: 02/02/1994
4. FEI Number: 65-0304296 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

WEIMER WILMA E
6750 ARBOR DR #203
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	WEIMER, WILMA E	12 NAME	
STREET ADDRESS	6750 ARBOR DR #203	13 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	V ☒ Change ☐ Addition
NAME	ROSENBERG, THEODORA	22 NAME	AGNES KELLY
STREET ADDRESS	2201 N UNIVERSITY #418	23 STREET ADDRESS	3221 S.W. 66th Ter.
CITY-ST-ZIP	PEMBROKE PINES FL	24 CITY-ST-ZIP	MIRAMAR, FL. 33023
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, ZELDA	32 NAME	
STREET ADDRESS	2320 FLAMINGO DR	33 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	CONTOS, ANNE	42 NAME	
STREET ADDRESS	7753 CORAL WAY	43 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DI MARIA, PAULETTE	52 NAME	
STREET ADDRESS	6550 SW 28 STR	53 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	PASSARELLI, CHRISTINA	62 NAME	
STREET ADDRESS	6733 CAMELIA DR	63 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Wilma E. Weimer (Pres.) 3-7-95 305-987-9515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000372