

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46104** (8)

1. Corporation Name

**SENIOR CITIZENS OF GREATER MIRAMAR, INC.**

Principal Place of Business

Mailing Address

**6820 S.W. 35TH ST  
MIRAMAR FL 33023**

**3221 SW 66 TERRACE  
MIRAMAR FL 33023  
US**



3. Date Incorporated or Qualified

**11/18/1991**

4. FEI Number

**65-0304296**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.  
**3221 S.W 66 Terrace**

**22** City & State

**27** City & State  
**MIRAMAR FL 33023**

**23** Zip

Country

**28** Zip

**33023**

Country

**Broward**

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

10. Name and Address of New Registered Agent

**KELLY, AGNES  
3221 SW 66 TERRACE  
MIRAMAR FL 33023**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**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

*Agnes Kelly*  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

*Agnes Kelly*

**2-14-98**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**P**  
**KELLY, AGNES**  
**3221 SW 66 TERRACE**  
**MIRAMAR FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

**V**  
**BENIVEGNA, DELORES**  
**7401 NORMANDY STREET**  
**MIRAMAR FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☒ DELETE

**T**  
**ROBINSON, ZELDA**  
**2320 FLAMINGO DR**  
**MIRAMAR FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

**SD**  
**SCROB, EVELYN**  
**6740 ABOR DRIVE #205**  
**MIRAMAR FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☒ DELETE

**D**  
**DI MARIA, PAULETTE**  
**6550 SW 28 STR**  
**MIRAMAR FL**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☒ DELETE

**D**  
**PASSARELLI, CHRISTINA**  
**6752 CAMELIA DRIVE**  
**MIRAMAR FL**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**D** ☐ Change ☐ Addition

**Louise Meissner**

**6961 9th Street**

**Pembroke Pines FL 33023**

**D** ☐ Change ☐ Addition

**Jean Stepan**

**7511 Romona Street**

**Mirammar, FL 33023**

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:

*Agnes Kelly* **2-14-98**

954-989-5731

CR2E037 (10/97)