


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90002 030 \*\*\*\*61.25

**DOCUMENT # N98000005906**

1. Entity Name  
**SENIOR CENTER ASSOCIATION, INC.**



Principal Place of Business  
 105 S RIVERSIDE DRIVE  
 NEW SMYRNA BEACH, FL 32168

Mailing Address  
~~PO BOX 1255~~  
~~EDGEWATER, FL 32132~~

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
*280 Rio Grande*  
 Suite, Apt. #, etc.

City & State  
*Edgewater FL*

Zip Country  
*32141 Volusia*

6. Name and Address of Current Registered Agent  
**ACRES, KATIE**  
 1601 BEACON ST  
 NEW SMYRNA BEACH, FL 32169

7. Name and Address of New Registered Agent  
 Name *Williams Joanne*  
 Street Address (P.O. Box Number is Not Acceptable)  
*280 Rio Grande*  
 City *Edgewater* FL Zip Code *32141*

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 *Joanne Williams* *Joanne Williams* *3/26/04*  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25**  
 Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD ACRES, KATIE 1601 BEACON ST NEW SMYRNA BEACH, FL 32169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Williams Joanne 280 Rio Grande Edgewater, FL 32141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIAMS, JOANNE 280 RIO GRANDE EDGEWATER, FL 32141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Virtanen Florence 4201 S. Atlantic Ave New Smyrna Beach FL 32169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVIS, LYNNE 848 PINE SHORES CL NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Donald Sherleen 2662 S. Arlington Ave New Smyrna Beach, FL 32168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SILVERMAN, HERB 122 COSTA RICA EDGEWATER, FL 32141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Mauriello Dom 6731 Engstrom Rd New Smyrna Beach FL 32169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerers.

SIGNATURE: *Joanne Williams* *Joanne Williams* *3/24/04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

