

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 JAN 30 PM 1:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # 712147 (8)

1. Corporation Name
CAPE CORAL ITALIAN AMERICAN CLUB OF LEE COUNTY, INC.

Principal Place of Business UNTY, INC. 4725 VINCENNES BLVD. CAPE CORAL FL 33904-9113	Mailing Address UNTY, INC. 4725 VINCENNES BLVD. CAPE CORAL FL 33904-9113
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3. Date Incorporated or Qualified 01/24/1967	3a. Date of Last Report 01/29/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-1555807	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
GIANNI, VINCENT
1812 BEACH PARKWAY, #B
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME PRENCIPE, NICK L	
STREET ADDRESS 1225 S.E. 43RD TERRACE	
CITY-ST-ZIP CAPE CORAL FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME COSSIDENTI, JOSEPH	
STREET ADDRESS 2122 SE 10TH STREET	
CITY-ST-ZIP CAPE CORAL FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME DIFANZIO, VIRGINIA	
STREET ADDRESS 1202 SE 16TH TERRACE	
CITY-ST-ZIP CAPE CORAL FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME HATT, TERESA	
STREET ADDRESS 247 SE 48TH TERR	
CITY-ST-ZIP CAPE CORAL FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME ROBERT DIFAZIO	
1.3 STREET ADDRESS 1202 SE 16th TERRACE	
1.4 CITY-ST-ZIP CAPE CORAL FL 33990	
2.1 TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME HUGO VECCHIOTTI, DR.	
2.3 STREET ADDRESS 1445 VIKING COURT	
2.4 CITY-ST-ZIP CAPE CORAL FL 33904	
3.1 TITLE SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME VINCENT GIANNI	
3.3 STREET ADDRESS 1812 BEACH PARKWAY #B	
3.4 CITY-ST-ZIP CAPE CORAL FL 33904	
4.1 TITLE td	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME EMMA RIZZO	
4.3 STREET ADDRESS 1331 SW 27th TERRACE	
4.4 CITY-ST-ZIP CAPE CORAL FL 33914	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

CP2E037 (9/96)

1/30/97