

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712147

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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FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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 02/22/99 90033 036 16125

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.	23. Date Incorporated or Qualified 01/24/1967
24. City & State	25. City & State	26. FEI Number 59-1555807
27. Zip	28. Country	29. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
30. Zip	31. Country	32. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 **FERDINAND DESANTIS**
 82 Street Address (P.O. Box Number is Not Acceptable)
217 S.E. 4th TERR.
 83
 84 City **CAPE CORAL** FL 85 Zip Code **33990**

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 **FERDINAND N. DESANTIS** *Ferdinand N. Desantis* **3-17-99**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	GIANNI, VINCENT	1.1 TITLE PD
STREET ADDRESS 1812 BEACH PARKWAY		1.2 NAME DESANTIS FERDINAND
CITY-ST-ZIP CAPE CORAL FL 33904	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS 217 SE 4th TERR
TITLE VD	DESTANTIS, FERNINAND	1.4 CITY-ST-ZIP CAPE CORAL FL 33990
STREET ADDRESS 217 WE 4TH TERRACE	<input type="checkbox"/> DELETE	2.1 TITLE VD
CITY-ST-ZIP CAPE CORAL FL 33990		2.2 NAME GRAZIANO, MARY
TITLE SD	DICOSTA, VERA	2.3 STREET ADDRESS 3440 S.E. 2nd AVE
STREET ADDRESS 1009 SE 48TH LANE, #105	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP CAPE CORAL FL 33904
CITY-ST-ZIP CAPE CORAL FL 33904		3.1 TITLE TD
TITLE TD	RIZZO, EMMA	3.2 NAME TRUNZO, JOHN
STREET ADDRESS 1331 SW 27TH TERRACE	<input checked="" type="checkbox"/> DELETE	3.3 STREET ADDRESS 3806 S.E. 15th PLACE
CITY-ST-ZIP CAPE CORAL FL 33914		3.4 CITY-ST-ZIP CAPE CORAL FL 33904
TITLE [Blank]	<input type="checkbox"/> DELETE	4.1 TITLE SD
STREET ADDRESS		4.2 NAME PRENIPPE, NICK
CITY-ST-ZIP		4.3 STREET ADDRESS 1225 S.E. 43rd TERR
TITLE [Blank]	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP CAPE CORAL FL 33904
STREET ADDRESS		5.1 TITLE
CITY-ST-ZIP		5.2 NAME
		5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP
		6.1 TITLE
		6.2 NAME
		6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	GIANNI, VINCENT	1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1812 BEACH PARKWAY		1.2 NAME DESANTIS FERDINAND
CITY-ST-ZIP CAPE CORAL FL 33904	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS 217 SE 4th TERR
TITLE VD	DESTANTIS, FERNINAND	1.4 CITY-ST-ZIP CAPE CORAL FL 33990
STREET ADDRESS 217 WE 4TH TERRACE	<input type="checkbox"/> DELETE	2.1 TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP CAPE CORAL FL 33990		2.2 NAME GRAZIANO, MARY
TITLE SD	DICOSTA, VERA	2.3 STREET ADDRESS 3440 S.E. 2nd AVE
STREET ADDRESS 1009 SE 48TH LANE, #105	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP CAPE CORAL FL 33904
CITY-ST-ZIP CAPE CORAL FL 33904		3.1 TITLE TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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		4.4 CITY-ST-ZIP CAPE CORAL FL 33904
		5.1 TITLE
		5.2 NAME
		5.3 STREET ADDRESS
		5.4 CITY-ST-ZIP
		6.1 TITLE
		6.2 NAME
		6.3 STREET ADDRESS
		6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.
 SIGNATURE: **FERDINAND N. DESANTIS** *Ferdinand N. Desantis* **3-17-99** **941-542-6515**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

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CR2E037 (11/98)