


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 712147 1. Entity Name CAPE CORAL ITALIAN AMERICAN CLUB OF LEE COUNTY, INC.	
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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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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip
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4. FEI Number 59-1555807	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent TRUNZO, JOHN 3806 SE 1ST PLACE CAPE CORAL FL 33904	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL	Zip Code
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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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME	PD TRUNZO, JOHN <input type="checkbox"/> Delete 3806 SE 1ST PLACE CAPE CORAL FL 33904
TITLE NAME	VD FRANCES, HANNAN <input type="checkbox"/> Delete 2340 S.E. 28TH ST CAPE CORAL FL 33904
TITLE NAME	TD THOMAS, CAROLLO <input type="checkbox"/> Delete 5301 MALALUKA CT CAPE CORAL FL 33904
TITLE NAME	SD DICOSTA, VERA <input type="checkbox"/> Delete 1009 SE 46TH LANE #105 CAPE CORAL FL 33904
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000063841 02/23/04-80177-021 61.25
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<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 empowered.

SIGNATURE: John Thomas **PRESIDENT** 2-9-04 - 239 540-8515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #