

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712147

FILED
Jan 06, 2009
Secretary of State

Entity Name: CAPE CORAL ITALIAN AMERICAN CLUB OF LEE COUNTY, INC.

Current Principal Place of Business:

UNTY, INC.
4725 VINCENNES BLVD.
CAPE CORAL, FL 339049113

New Principal Place of Business:

Current Mailing Address:

UNTY, INC.
4725 VINCENNES BLVD.
CAPE CORAL, FL 339049113

New Mailing Address:

FEI Number: 59-1555807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANNAN, FRANCES
3806 SE 1ST PLACE
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

SPINELLA, ADRIANA
3830 SE 10TH PLACE
CAPE CORAL, FL 33904 US

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.

SIGNATURE: ADRIANA SPINELLA 01/06/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPINELLA, ADRIANA
Address: 3930 SE 10TH PL
City-St-Zip: CAPE CORAL, FL 33904

Title: VD () Delete
Name: GRAZLANO, MARY
Address: 4011 PALM TREE BLVD #206
City-St-Zip: CAPE CORAL, FL 33904

Title: TD () Delete
Name: DELGROSS, ROBERT
Address: 4021 SE 19TH AVE #102
City-St-Zip: CAPE CORAL, FL 33904

Title: SD () Delete
Name: DICOSTA, VERA
Address: 1009 SE 46TH LANE #105
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SPINELLA, ADRIANA
Address: 3930 SE 10TH PL
City-St-Zip: CAPE CORAL, FL 33904

Title: VP (X) Change () Addition
Name: GRAZLANO, MARY
Address: 4011 PALM TREE BLVD #206
City-St-Zip: CAPE CORAL, FL 33904

Title: TRES (X) Change () Addition
Name: DELGROSS, ROBERT
Address: 4021 SE 19TH AVE #102
City-St-Zip: CAPE CORAL, FL 33904

Title: SECR (X) Change () Addition
Name: SORTINO, PAULA
Address: 5258 TIFFANY COURT
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIANA SPINELLA PRES 01/06/2009
Electronic Signature of Signing Officer or Director Date