

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738573

FILED
Apr 28, 2009
Secretary of State

Entity Name: IL CIRCOLO, INC.

Current Principal Place of Business:

12268 WEDGE WAY
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

PO BOX 2166
PALM BEACH, FL 33480

New Mailing Address:

12268 WEDGE WAY
BOYNTON BEACH, FL 33437

FEI Number: 59-1742639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORA, CAESAR
12268 WEDGE WAY
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GROEN, JOSEPHINE
Address: 5195 EUROPA DR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VD (X) Delete
Name: PETTI, EMILIO J
Address: 1060 SOUTH OCEAN BLVD.
City-St-Zip: DELRAY BEACH, FL 33483

Title: VD () Delete
Name: VALENTI, SALLY
Address: 4732 CYPRESS DR S
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TD () Delete
Name: CORA, CAESAR
Address: 12268 WEDGE WAY
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD () Delete
Name: CROGLIO, JOANNE
Address: 9777 NICKELS BLVD APT704
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D () Delete
Name: GERACE, TINA
Address: 1801 S FLAGLER DR
City-St-Zip: W. PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PAUL, FINIZIO
Address: 3263 N. W. 61ST ST
City-St-Zip: BOCA RATON, FL 33316

Title: SD (X) Change () Addition
Name: GERACE, TINA
Address: 1801 S FLAGLER DR
City-St-Zip: W. PALM BEACH, FL 33401

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: CAESAR CORA

T

04/28/2009

Electronic Signature of Signing Officer or Director

Date