

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 29 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 740168 (0)**  
 1. Corporation Name  
**ITALIAN-AMERICAN GOLF ASSOCIATION, INC.**



Principal Place of Business <b>2004 DURHAM ST. TAMPA FL 33605</b>	Mailing Address <b>2004 DURHAM ST. TAMPA FL 33605</b>
--	--

3. Date Incorporated or Qualified <b>09/19/1977</b>
4. FEI Number <b>59-1798244</b>
Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 2014-A E. 7th Ave.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>25 P. O. Box 76339</b> Suite, Apt. #, etc.
22 City & State <b>23 Tampa, FL</b>	27 City & State <b>28 Tampa, FL</b>
24 Zip <b>33605</b>	29 Zip <b>33675</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**FERLITA, PAUL J.  
726 ARGYLE PLACE  
TAMPA FL 33617**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SINARDI, JOE</b> <b>924 CIMMERAN DR.</b> <b>TAMPA FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BELL, JIM</b> <b>4304 BOY SCOUT BLVD.</b> <b>TAMPA FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FERLITA, PAUL</b> <b>726 ARGYLE PLACE</b> <b>TEMPLE TERRACE FL</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>IACOVELLA, PAT</b> <b>THONOTOSASSA ROAD</b> <b>LAKE THONOTOSASSA FL</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RAINS, ROGER</b> <b>4518 ROLLING GREEN LANE</b> <b>TAMPA FL</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

3809 N. Tampa St. Tampa, FL 33603-4743
604 1/2 N. Franklin St. Tampa, FL 33602
2525 Bayshore Blvd. #E Tampa, FL 33629

14. 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 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.

SIGNATURE: \_\_\_\_\_ DATE: **4-3-98**

CR2E037 (10/97)