2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 8:00 am
Secretary of State
02-12-2008 90012 044 ****61.25

DOCUMENT # N15450

1. Entity Name

AMERICANS OF ITALIAN HERITAGE OF SUN CITY CENTER CORPORATION

Principal Place of Business	Mailing Address
PO BOX 5083 SUN CITY FL 33571-5083	PO BOX 5083 SUN CITY FL 33571-5083

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2606236 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TARANTOLA, JULIA 402 DORCHESTER DR SUN CITY CENTER FL 33573	Name: ARLENE SCOLNICK Street Address (P.O. Box Number is Not Acceptable): 2214 PLATINUM DRIVE City: SUN City Ctr. FL Zip Code: 33573

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: _____ 02-1-08
Signature, typed or printed name of Registered Agent and Title if applicable. (NOTE: Registered Agent signature required when changing) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TARANTOLA, JULIA 402 DORCHESTER DR SUN CITY CENTER FL 33573	☑ Delete	PRESIDENT SCOLNICK, ARLENE 2214 PLATINUM DRIVE SUN CITY CENTER FLORIDA 33573	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SCOLNICK, ARLENE 2214 PLATINUM DR SUN CITY CENTER FL 33573	☐ Delete	VICE PRESIDENT ~~GENNARO~~ BARBA, GENNARO 201 GLENELLEN PL SUN CITY CENTER, FLORIDA, 33573	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MUCCIO, JOHN 2527 LONIGAN PL SUN CITY CENTER FL 33573	☑ Delete	VP ~~JOSEPH~~ DISPENZIERE, JOSEPH 1742 Coco Palm Circle SUN City Center, FLORIDA 33573	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BARBA, GITANO J 2306 GRANTHAM COURT SUN CITY CENTER FL 33573	☐ Delete	No CHANGE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS MACDONALD, ANNETTE 2450 KENSINGTON GARDENS DR SUN CITY CENTER FL 33573	☐ Delete	No CHANGE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Gitano Barba GITANO J. BARBA TREAS. 3/13/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date