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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthem

. Secretary of State
DIVISION OF CORPORATIONS

1998

SIGNATURE:

POCUMENT # N21578

(2)

SONS OF ITALY OF AMERICA 2436, INC.

FILED					
Mar 05 1998 8:00am					
Secretary of State					

Principal Plac	e of Business	Mailing Address		T 1001/1401 BIR 11001 JUNE JUNE BIR 1011 BIR	
SONS OF ITAL	Y LODGE 2436	P.O. BOX 5838		Date Incorporated or Qualified	
KEY WEST FL	33045	KEY WEST FL 33045		06/17/1987	
US		บร		4. FEI Number Applied For	
				NOT APPLICABLE Not Applicable	
	lace of Business	2a. Mailing Address	300	5. Certificate of Status Desired \$8.75 Additional	
Suite, Apt.	1 4a street	26 <b>Po Box 58</b> Suite, Apt. #, etc.	28	Fee Required	
22	π, θ(G.	27 Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State	•	City & State		7. Is this nonprofit corporation a homeowners association?	
	West of	28 Keywes	TFI	Yes No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24 3304			30 US p		
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  81 Name - 7					
D: INITE	DAMA			JOHN RAPISARDI	
BUNZEL, DAWN			82 Street	Address (P.O. Box Number is Not Acceptable)	
1213 14TH ST., #0  KEY WEST FL 33040  83 V					
1001 170	01 12 000 10		3)	y west	
			84 City	FL   85   2300 A	
11. Pursuant	to the provisions of Sections 017.0502	and 617.1508, Florida Statuter	s, the above-named	corporation submits this statement for the purpose of changing its registered	
agent. I a	m familiar with and accept the obliga	fions of, Section 617.0593, Flor	ithorized by the corp ida Statutes.	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	John Ca	serandy.			
12.	Stringture, typed or printed name of registered ag		Registered Agent signature 13.	required when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	OFFICERS AND	DELETE	1.3 TITLE	DELEGIONAL CHANGES TO OPPICERS AND DIRECTORS IN 12	
NAME /	BUNZEL, DAWN	DECENE	1.2 NAME		
STREET ADDRESS	1213 14TH ST. LOT 12		1.3 STREET ADDRESS	PO.BOX 2691 - 1706 PATRICIA ST	
CITY-ST-ZIP	KEY WEST FL	_	1.4 CITY-ST-ZIP	Keywest, FI 330 K Ey WEST, FI 330	
TITLE	DVP	DELETE	2.1 TITLE	VICE (RESIDENT Charge Addition	
NAME	MARRONE, NANCY		2.2 NAME	MARY LOW SCHOOL ITT	
STREET ADDRESS	TRINITY DRIVE		2.3 STREET ADDRESS	257 AYE, A .	
CITY-ST-ZIP	KEY WEST FL		2. 4 CITY - ST - ZIP	Key West. Ft 33040	
TITLE	00	<b>DELETE</b>	3.1 TITLE	D ORATOR Addition	
NAME	GIOVANNUCCI, JULIUS		3.2 NAME	THERESA LUDWIS	
STREET ADDRESS	127 KEY HAVEN RD.		3.3 STREET ADDRESS	KEY WEST. FI. 33040	
CITY-ST-ZIP TITLE	KEY WEST FL DOFS 4	DELETE	4.1 TITLE VO		
NAME	JACOBE <b>NIS</b> GELSIE	- percit	4.2 NAME		
STREET ADDRESS	3312 NORTHSIDE DRIVE		4.3 STREET ADDRESS	3312 MORTHSIDE Deve APR 513)	
CITY-ST-ZIP	KEY WEST FL		4.4 CITY-ST-ZIP	Keywest F1 33040	
TITLE		DELETE	5.1 TITLE	☐ Chang / Apolision	
NAME			5.2 NAME	701	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLÉ		DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 Street address		
CITY-ST-ZIP	artification information as a trade of	th atting filling close and a minute for	6.4 CITY-ST-ZIP	d la Capilla d d O O7/O7/O Clauda Crata d d O O7/O7/O	
indicated	ertify that the information supplied will on this annual report of supplemental	n mis juing does not qualify for annual report is true and accu-	the exemption state rate and that my sig	nd in Section 119.07(3)(i), Florida Statutes. I fulther certify that the information nature shall have the same legal effect as if made under oath; that I am an	
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 control or the reperver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if chapter or on an aftechment with an address.					