

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 18, 2012
Secretary of State**

DOCUMENT# N21578

Entity Name: SONS AND DAUGHTERS OF ITALY KEYWEST LODGE 2436 INC.**Current Principal Place of Business:**2405 N. ROOSEVELT BLVD.
THE LIONS CLUB BUILDING
KEY WEST, FL 33040 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 5838
KEY WEST, FL 33045 US**New Mailing Address:**P O BOX 5838
KEY WEST, FL 33045 US**FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TRUMBO, CARRIE V
3635 SEASIDE DRIVE
401
KEY WEST, FL 33040 US**Name and Address of New Registered Agent:**TOPPINO, CASSANDRA
1030 SANDY'S WAY
KEY WEST, FL 33040 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: CASSANDRA TOPPINO

05/18/2012

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** P
Name: TOPPINO, CASSANDRA
Address: 1030 SANDY'S WAY
City-St-Zip: KEY WEST, FL 33040 US**Title:** VP
Name: MCCAUSLAND, CYNTHIA
Address: 1604 FLAGLER AVE
City-St-Zip: KEY WEST, FL 33040 US**Title:** T
Name: PITTARO, LORETTA
Address: 417 ELIZABETH ST #5
City-St-Zip: KEY WEST, FL 33040 US**Title:** FS
Name: PITTARO, LORETTA
Address: 417 ELIZABETH ST #5
City-St-Zip: KEY WEST, FL 33040 US**Title:** O
Name: PRIOLO, JAMES
Address: 1400 KENNEDY DRIVE APT 135
City-St-Zip: KEY WEST, FL 33040 US

I hereby 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 all other like empowered.

SIGNATURE: CASSANDRA TOPPINO

P

05/18/2012

Electronic Signature of Signing Officer or Director_____
Date