

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90015 002 \*\*\*\*61.25

**DOCUMENT # N33486**

1. Entity Name

THE ITALIAN-AMERICAN CLUB OF LAKE COUNTY, INC.



Principal Place of Business

C/O JULIUS DEGREGORIO  
2710 WASHINGTON AVE.  
EUSTIS FL 32726  
US

Mailing Address

C/O JULIUS DEGREGORIO  
2710 WASHINGTON AVE.  
EUSTIS FL 32726  
US

2. Principal Place of Business

Community Center

3. Mailing Address

104 POINSETTIA COVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10 JASPER C. MESSINA

City & State

TAVARES FL

City & State

LEESBURG FL

Zip

32776

Country

U.S.A.

Zip

34748

Country

U.S.A.



MOORE

CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEGREGORIO, JULIUS J  
2710 WASHINGTON AVE.  
EUSTIS FL 32726

7. Name and Address of New Registered Agent

Name

ITALIAN American Club LAKE Count-

Street Address (P.O. Box Number is Not Acceptable)

104 POINSETTIA COVE

LEESBURG, FL 10 JASPER C. MESSINA

City

LEESBURG FL

FL

Zip Code

34748-8604

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

*Jasper C. Messina*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb 2, 2004

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MESSINA, PAT	
STREET ADDRESS	104 POINSETTA COVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	TVP	<input checked="" type="checkbox"/> Delete
NAME	PLUCHINO, JOE	
STREET ADDRESS	34406 HIGHLAND DR.	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DEMEO, HELEN	
STREET ADDRESS	701 MOUNT HOMER RD. APT. A-1	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CESARIO, CATHY	
STREET ADDRESS	7747 LAKE ANDREA DR.	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LIBERNINI, JOE L	
STREET ADDRESS	41516 CR 452	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DEGREGORIO, JULIUS	
STREET ADDRESS	2710 E. WASHINGTON AVE.	
CITY-ST-ZIP	EUSTIS FL 32726	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Messina, Patricia	
STREET ADDRESS	104 POINSETTIA COVE	
CITY-ST-ZIP	LEESBURG FL 34748-8	
TITLE	TVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLUCHINO, JOE	
STREET ADDRESS	34406 HIGHLAND DR	
CITY-ST-ZIP	EUSTIS FL 32736	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASPER C. MESSINA	
STREET ADDRESS	104 POINSETTIA COVE	
CITY-ST-ZIP	LEESBURG FL 34748-8604	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY MATTHEWS	
STREET ADDRESS	149 E SEMINOLE AVE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE CESARIO	
STREET ADDRESS	7747 LAKE ANDREA DR	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOE LIBERNINI	
STREET ADDRESS	41516 CR 452	
CITY-ST-ZIP	LEESBURG FL 34788	

12. 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 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:

*Patricia C. Messina*

2-2-04

352-323-1814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #