

FILE NOW: FILING FEE IS \$61.25

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Jun 11 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
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DOCUMENT # **N97000001315 (7)**  
1. Corporation Name

**IL CIRCOLO FOUNDATION OF THE PALM BEACHES, INC.**



Principal Place of Business <b>265 SUNRISE AVE, SUITE 204 PALM BEACH FL 33480</b>	Mailing Address <b>265 SUNRISE AVE. SUITE 204 PALM BEACH FL 33480</b>
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3. Date Incorporated or Qualified <b>03/03/1997</b>	
4. FEI Number <b>65-0803351</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

21. Principal Place of Business <b>3300 PGA BLVD</b>	2a. Mailing Address <b>3300 PGA BLVD</b>
22. Suite, Apt. #, etc. <b>SUITE 500</b>	27. Suite, Apt. #, etc. <b>SUITE 500</b>
23. City & State <b>Palm Beach Gardens</b>	28. City & State <b>Palm Beach Gardens</b>
24. Zip <b>33410</b>	29. Zip <b>33410</b>
25. Country	30. Country

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 checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PAUL SAFRAN, JR., P.A.  
265 SUNRISE AVE, SUITE 204  
PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name <b>PAUL SAFRAN JR.</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>3300 PGA BLVD</b>	
83 <b>SUITE 500</b>	
84 City <b>Palm Beach Gardens</b>	85 Zip Code <b>FL 33410</b>

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 Paul Jr PAUL SAFRAN JR  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<del>Paul Safran Jr</del>
STREET ADDRESS	<del>3300 PGA Blvd, Suite 500</del>
CITY-ST-ZIP	<del>Palm Beach Gardens, FL 33410</del>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>P. D Paul Safran, Jr.</b>
1.3 STREET ADDRESS	<b>3300 PGA Blvd, Suite 500</b>
1.4 CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>VP D S. Vincent Forte</b>
2.3 STREET ADDRESS	<b>2540 Boardbrook Blvd, #106</b>
2.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33406</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>AVP D A. Richard Marzelli</b>
3.3 STREET ADDRESS	<b>3605 S. Ocean Blvd, Apt. 307B</b>
3.4 CITY-ST-ZIP	<b>Palm Beach, FL 33480</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>S D Vincent Guglielmetti</b>
4.3 STREET ADDRESS	<b>710 S.W. 18th Court</b>
4.4 CITY-ST-ZIP	<b>Boynton Beach, FL 33426</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Lillian Riportella</b>
5.3 STREET ADDRESS	<b>5080 N. Ocean Dr, Apt 5D</b>
5.4 CITY-ST-ZIP	<b>Singer Island, FL 33404</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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: Paul Jr PAUL SAFRAN JR 4-28-97 41-126-4200

CP2E037 (10/97)