

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 10, 2004  
Secretary of State**

DOCUMENT# N97000001315

Entity Name: IL CIRCOLO FOUNDATION OF THE PALM BEACHES, INC.

**Current Principal Place of Business:**

3605 S OCEAN BLVD  
307- B  
PALM BEACH, FL 33480 US

**New Principal Place of Business:**

**Current Mailing Address:**

3605 S OCEAN BLVD  
307- B  
PALM BEACH, FL 33480 US

**New Mailing Address:**

FEI Number: 65-0803351      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARZELI, RICHARD A  
3605 S OCEAN BLVD 307 B  
PALM BEACH GARDENS, FL 33418 US

**Name and Address of New Registered Agent:**

SMITH, JANE M  
401 N. COUNTRY CLUB DR.  
ATLANTIS, FL 33462 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: JANE M. SMITH      03/10/2004  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SMITH, JANE  
Address: 3605 S. OCEAN BLVD, #307  
City-St-Zip: PALM BEACH, FL 33480 US

Title: VD ( ) Delete  
Name: FORTE, S. VINCENT  
Address: 2540 BOUNDBROOK BLVD #106  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: AVD ( ) Delete  
Name: MARZELLI, A. RICHARD  
Address: 3605 S. OCEAN BLVD, #307B  
City-St-Zip: PALM BEACH, FL 33480

Title: SD ( ) Delete  
Name: GUGLIEMINI, VINCENT  
Address: 710 SW 18TH COURT  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: TD ( ) Delete  
Name: RIPORELLA, LILLIAN  
Address: 5080 N OCEAN BLVD APT 50  
City-St-Zip: N. SINGER ISLAND, FL 33409

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SMITH, JANE  
Address: 401 N. COUNTRY CLUB DR.  
City-St-Zip: ATLANTIS, FL 33462 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JANE M. SMITH      PRES      03/10/2004  
Electronic Signature of Signing Officer or Director      Date