

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90288 041 \*\*\*\*61.25

**DOCUMENT # 733569**

1. Entity Name

ORDER SONS OF ITALY IN AMERICA, LAKE  
WORTH-BOYNTON BEACH LODGE NO. 2304, INC.



Principal Place of Business

Mailing Address

~~1200 MINER RD.~~  
~~HYPOLUXO FL 33462~~

~~PHILIP MANGUSI, PRESIDENT~~  
~~110 WEST PALM AVE~~  
~~FLORIDA GARDEN FL 33467~~

US *Peter Marcelli*

2. Principal Place of Business

*4725 Lakeworth Road*

3. Mailing Address

*5730 Fernley Dr. E.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*#28*

City & State

*Lake Worth FL*

City & State

*West Palm Beach*

Zip

*33463*

Country

*USA*

Zip

*33415*

Country

*USA*

1st MOORE

CR2E037 (10/05)



4. FEI Number

*59-6510843*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEGANCE, ESQ, JOS  
2471 NORTH FEDERAL HWY SUITE 601  
FORT LAUDERDALE FL 33306

Name

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

City

*FL*

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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 ☐ Delete  
NAME *P*  
STREET ADDRESS *MANGUSI, PHILIP*  
CITY-ST-ZIP *110 WEST PALM AVE*  
*FLORIDA GARDEN FL 33467*

TITLE ☐ Delete  
NAME *VP*  
STREET ADDRESS *SALDANO, ANTHONY*  
CITY-ST-ZIP *3527 MILBROOK WAY CIRCLE*  
*GREENACRES FL 33463*

TITLE ☐ Delete  
NAME *D*  
STREET ADDRESS *MICELLOTTA, BOB*  
CITY-ST-ZIP *3266 JOG PARK DRIVE*  
*GREENACRES FL 33467*

TITLE ☐ Delete  
NAME *RS*  
STREET ADDRESS *MELICE, FELICIA*  
CITY-ST-ZIP *500 DAVIS RD., BLDG. 1, APT. 37*  
*PALM SPRINGS FL 33461*

TITLE ☒ Delete  
NAME *FS*  
STREET ADDRESS *DONAI, SANDY*  
CITY-ST-ZIP *4707 LUCERNE LAKES BLVD.*  
*LAKE WORTH FL 33467*

TITLE ☐ Delete  
NAME *T*  
STREET ADDRESS *D'ATTOMA, CAROLYN*  
CITY-ST-ZIP *5425 PURDY LANE*  
*WEST PALM BEACH FL 33415*

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME *President*  
STREET ADDRESS *Peter Marcelli*  
CITY-ST-ZIP *5730 Fernley Drive East, #28*  
*West Palm Beach FL 33415*

TITLE ☒ Change ☐ Addition  
NAME *Vice President*  
STREET ADDRESS *Roy Berenotto*  
CITY-ST-ZIP *2880 Lake Osborne Dr., #208*  
*Lake Worth FL 33461*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME *Financial Secretary-Treasurer*  
STREET ADDRESS *Carolyn D'ATTOMA*  
CITY-ST-ZIP *2029 Prairie Key Road*  
*Palm Springs FL 33406*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Peter Marcelli, Pres.*

*4-6-06*

*967-3464*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #