

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Jan 27, 2015**

**Secretary of State**

**CC7005950025**

DOCUMENT# 738573

**Entity Name:** IL CIRCOLO, INC.

**Current Principal Place of Business:**

12268 WEDGE WAY  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

12268 WEDGE WAY  
BOYNTON BEACH, FL 33437

**FEI Number:** 59-1742639

**Certificate of Status Desired:** No

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

CORA, CAESAR  
12268 WEDGE WAY  
BOYNTON BEACH, FL 33437 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name FINIZIO, PAUL  
Address 3263 NW 61ST STREET  
City-State-Zip: BOCA RATON FL 33316

Title VD  
Name VALENTI, SALLY  
Address 4732 CYPRESS DR S  
City-State-Zip: BOYNTON BEACH FL 33436

Title TD  
Name CORA, CAESAR  
Address 12268 WEDGE WAY  
City-State-Zip: BOYNTON BEACH FL 33437

Title D  
Name CAVA, FRANK  
Address 2986 NORWAY PINE LANE  
City-State-Zip: LANTANA FL 33462

Title D  
Name BARBARA, CIONGOLI  
Address 130 PALM AVENUE  
City-State-Zip: JUPITER FL 33477

Title DIRECTOR  
Name SALAMONE, CHRIS ESQ.  
Address 1405 ESTUARY TRAIL  
City-State-Zip: DELRAY BEACH FL 33483

Title DIRECTOR  
Name RUTHENBERG, MYRIAM  
Address 712 UPLAND ROAD  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name SALANI, SERGIO  
Address 1266 S.W. 21ST LANE  
City-State-Zip: BOCA RATON FL 33486

**Continues on page 2**

*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: CAESAR CORA**

**TREASURER**

**01/27/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           SALAMONE, CHRIS ESQ.  
Address        1405ESTUARY TRAIL  
City-State-Zip: DELRAY BEACH FL 33483

Title           DIRECTOR  
Name           MAGGIORE, LUCIA  
Address        3420 S OCEAN BLVD  
City-State-Zip: HIGHLAND BEACH FL 33487