

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738573

Entity Name: IL CIRCOLO, INC.

Current Principal Place of Business:

100 CRUISER ROAD S
NORTH PALM BEACH, FL 33408

Current Mailing Address:

P O BOX 2166
PALM BEACH, FL 33480 US

FEI Number: 59-1742639

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARIE, SILVANI
100 CRUISER ROAD S
NORTH PALM BEACH, FL 33408 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: MARIE SILVANI

05/02/2017

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 ROCCO, MATTHEW
Address P O BOX 2166
City-State-Zip: PALM BEACH FL 33480

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

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

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

Title DIRECTOR
Name CAPOCCIA, MARCO
Address 6310 VIA PALLADIUM
City-State-Zip: BOCA RATON FL 33432

Title DIRECTOR
Name GIANNAMORE, CLAIRE
Address 529 S. FLAGLER DRIVE
City-State-Zip: WEST PALM BEACH FL 33401

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: SALLY VALENTI

VICE PRESIDENT

05/02/2017

Electronic Signature of Signing Officer/Director Detail

Date