

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006044

Entity Name: CANE CORSO ASSOCIATION OF AMERICA INC.**Current Principal Place of Business:**2556 SW CALENDER STREET
PORT SAINT LUCIE, FL 34953**Current Mailing Address:**2556 SW CALENDER STREET
PORT SAINT LUCIE, FL 34953 US**FEI Number:** 43-2092466**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPEARS, KATHY
2556 SW CALENDER STREET
PORT SAINT LUCIE, FL 34953 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:** KATHY SPEARS

04/23/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SIMONSKI, REBECCA A
Address 6222 AUTUMN VIEW PLACE
City-State-Zip: ACWORTH GA 30101

Title SECRETARY
Name SPEARS, KATHY
Address 2556 SW CALENDER STREET
City-State-Zip: PORT SAINT LUCIE FL 34953

Title TREASURER
Name MAISANO, RENEE
Address 105 DEER CROSSING LANE
City-State-Zip: PORT JERVIS NY 12771

Title DIRECTOR
Name DEVITA, ZOE
Address 26 SYLVIA WAY
City-State-Zip: PURDYS NY 10578

Title DIRECTOR
Name LOWRY, ALEXANDRA
Address 22721 N RIVER DRIVE
City-State-Zip: GRANITE FALLS WA 98252

Title DIRECTOR
Name ALEMAN, YVONNE A
Address 6200 SOUTHWEST 185 WAY
City-State-Zip: SOUTHWEST RANCHES FL 33332

Title VP
Name SCANDY, ANTHONY D JR.
Address 3855 CALLA ROAD EAST
City-State-Zip: POLAND OH 44514

Title DIRECTOR
Name CRESSIA, KATHLEEN
Address 735 7TH RIDGE ROAD
City-State-Zip: WALLINGFORD CT 06492

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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: KATHY SPEARS**SECRETARY**

04/23/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VITCUSKY, HEATHER
Address 146 SAVAGE HILL RD
City-State-Zip: CONCORD TOWNSHIP ME 04920

Title DIRECTOR
Name DRAGAN, TERRIE
Address 861 W MAPLE STREET, NO. 1384
City-State-Zip: HARTVILLE OH 44632

Title DIRECTOR
Name ZARO, PAULA
Address PO BOX 234
City-State-Zip: KINGSTON MA 02364

Title DIRECTOR
Name GEBERS, CURTIS
Address 5697 S JONES #220
City-State-Zip: LAS VEGAS NV 89118