

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000009318

Entity Name: ITALIAN AMERICAN SOCIAL CLUB OF TAMPA BAY, INC.**Current Principal Place of Business:**21226 LAKE VIENNA DR
LAND O LAKES, FL 34638**Current Mailing Address:**21226 LAKE VIENNA DR
LAND O LAKES, FL 34638 US**FEI Number:** 47-2032429**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARANO, ALFONSO
21226 LAKE VIENNA DR
LAND O LAKES, FL 34638 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:** ALFONSO A MARANO

01/23/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MARANO, AL
Address 21226 LAKE VIENNA DR
City-State-Zip: LAND O LAKES FL 34638

Title DIRECTOR
Name GIORDANO, FRANK
Address 4020 MOUNTAIN SPRING LN
City-State-Zip: TAMP FL 33624

Title VP
Name LUDOVICI, JOE
Address 16709 HUTCHISON RD
City-State-Zip: ODESSA FL 33556

Title TREASURER
Name ALDROVANDI, JUDITH
Address 17218 BROWN RD
City-State-Zip: ODESSA FL 33556

Title DIRECTOR
Name PIAZZA, BASIL
Address 17218 BROWN RD
City-State-Zip: ODESSA FL 33556

Title PRESIDENT
Name COOK, MARY
Address 15819 STABLE RUN DR
City-State-Zip: SPRING HILL FL 34610

Title SECRETARY
Name PERRI, MARYANNE
Address 5524 GARDEN ARBOR DR
City-State-Zip: LUTZ FL 33558

Title DIRECTOR
Name ZICHI, SAL
Address 5012 AVENUE AVIGNON
City-State-Zip: LUTZ FL 33558

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: ALFONSO A MARANO

DIRECTOR

01/23/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	SEGUITI, FRED	Name	PARATO, VITO
Address	7235 N. MOBLEY RD	Address	19110 HARBOR COVE
City-State-Zip:	ODESSA FL 33556	City-State-Zip:	LUTZ FL 33558