

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000005618

**FILED**  
**Jan 20, 2020**  
**Secretary of State**  
**3521630623CC**

**Entity Name:** AMERICAN ITALIAN ASSOCIATION OF PEMBROKE PINES, INC

**Current Principal Place of Business:**

PEMBROKE PINES  
1200 ST. CHARLES PLACE 612  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

PARK PLACE  
1200 ST. CHARLES PLACE 612  
PEMBROKE PINES, FL 33026 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

GIANNETTINO, IDA HFS  
1200 ST. CHARLES PLACE  
612  
PEMBROKE PINES, FL 33026 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 P  
Name GIANNETTINO, BARBARA A  
Address 1200 ST. CHARLES PLACE  
612  
City-State-Zip: PEMBROKE PINES FL 33026

Title SA  
Name DI GUIDO, ROSELLA  
Address 1200 ST CHARLES PLACE  
808  
City-State-Zip: PEMBROKE PINES FL 33026

Title T  
Name BALSAMO, JOSEPHINE  
Address 1300 ST. CHARLES PLACE  
618  
City-State-Zip: PEMBROKE PINES FL 33026

Title FS  
Name GIANNETTINO, IDA H  
Address 3300 N STATE RD 7 - B187  
City-State-Zip: HOLLYWOOD FL 33021

*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:** IDA GIANNETTINO

FS

01/20/2020

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

\_\_\_\_\_  
Date