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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **714230** (0)

1. Corporation Name

DA VINCI ITALIAN AMERICAN SOCIETY, INC.



Principal Place of Business P.O. BOX 541101 MERRITT ISLAND FL 32954	Mailing Address P.O. BOX 541101 MERRITT ISLAND FL 32954
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3. Date Incorporated or Qualified

03/07/1968

4. FEI Number

59-2478801

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CURTO, ALFRED L
475 BELAY AVENUE
MERRITT ISLAND FL 32953**

81 Name

President Benjamin Pertile

82 Street Address (P.O. Box Number is Not Acceptable)

1660 Amberjack Ct.

83 City

Merritt Island

84 City

FL

32953

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Benjamin Pertile 1/24/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ROTHWELL, GEORGE	
STREET ADDRESS	978 PELICAN LANE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	

1.1 TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mario S. Mauro	
1.3 STREET ADDRESS	105 First St.	
1.4 CITY-ST-ZIP	Merritt Island 32953	Fla.

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CAIAFA, ANN	
STREET ADDRESS	400 BREAKWATER DRIVE, #29	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	

2.1 TITLE	S.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ann Hopp	
2.3 STREET ADDRESS	117 June Dr.	
2.4 CITY-ST-ZIP	Cocoa Bch. Fla. 32931	

TITLE	T	<input type="checkbox"/> DELETE
NAME	HOPP, CHARLES	
STREET ADDRESS	117 JUNE DRIVE	
CITY-ST-ZIP	COCOA BEACH FL 32931	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRUTT, JONAH	
STREET ADDRESS	1032 SHAYTON AVENUE	
CITY-ST-ZIP	ROCKLEDGE FL 32955	

4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jonah Britt	
4.3 STREET ADDRESS	1032 Slayton Ave.	
4.4 CITY-ST-ZIP	Rockledge Fla. 32955	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOPP, ANN	
STREET ADDRESS	117 JUNE DRIVE	
CITY-ST-ZIP	COCOA BEACH FL 32931	

5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Alfred Curto	
5.3 STREET ADDRESS	475 Belaire Ave.	
5.4 CITY-ST-ZIP	Merritt Island Fla. 32953	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TACHIER, CARMELA	
STREET ADDRESS	2345 PALM LAKE DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	

6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Carmela Taglieri	
6.3 STREET ADDRESS	2345 Palm Lake Dr.	
6.4 CITY-ST-ZIP	Merritt Island Fla. 32952	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alfred Curto Jan. 24, 1998

CR2E037 (10/97)