

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 MAY 10 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717303 (2)

1. Corporation Name

NAPLES ITALIAN-AMERICAN CLUB, INC.



Principal Place of Business

Mailing Address

7035 AIRPORT RD..N.
NAPLES FL 33942

7035 AIRPORT RD..N.
NAPLES FL 33942

3. Date Incorporated or Qualified
10/03/1969

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1450004

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOMMARCHI, VICTOR
7035 AIRPORT RD N
NAPLES FL 33942

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SINAGRA, ANTONINO	
STREET ADDRESS	505 BEACHWAK CIRC.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NAPOLEON, LEE	
STREET ADDRESS	6219 10TH AVE., N.W.	
CITY-ST-ZIP	NAPLES FL	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	TOMMARCHI, ROSE	
STREET ADDRESS	3225 REGATTA RD.	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JENSEN, PHYLLIS	
STREET ADDRESS	407 SEAGULL AVE.	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DEGRANDI, JOSEPH	
STREET ADDRESS	1385 ILLINOIS DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAYMOND FRANCISCO	
STREET ADDRESS	3695 MCCOMB LN.	
CITY-ST-ZIP	BONITA SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joe De Grandi	
1.3 STREET ADDRESS	1385 Illinois Dr	
1.4 CITY-ST-ZIP	Naples FL 33940	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Chuck Vitale	
2.3 STREET ADDRESS	10442 Vanderbilt Dr	
2.4 CITY-ST-ZIP	Naples FL 33963	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Frank Intravaia	
3.3 STREET ADDRESS	379 Gabriel Cir # 2301	
3.4 CITY-ST-ZIP	Naples FL 33942	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct, 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:

Frank Intravaia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)