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Feb 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 717303 (2)

1. Corporation Name

NAPLES ITALIAN-AMERICAN CLUB, INC.

Principal Place of Business

7035 AIRPORT RD. N.
NAPLES FL 34109

Mailing Address

7035 AIRPORT RD. N.
NAPLES FL 34109-1709



3. Date Incorporated or Qualified
10/03/1969

3a. Date of Last Report
05/10/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOMMARCHI, VICTOR
7035 AIRPORT RD N
NAPLES FL 34109

81 Name

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

83

84 City

FL

85 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 ☒ DELETE
NAME DEGRANDI, JOE
STREET ADDRESS 1385 ILLINOIS DR.
CITY-ST-ZIP NAPLES FL 33940

TITLE Vice Pres VP ☐ DELETE
NAME VITALE, CHUCK
STREET ADDRESS 10442 VANDERBILT DR.
CITY-ST-ZIP NAPLES FL 33963

TITLE SV ☐ DELETE
NAME TOMMARCHI, ROSE
STREET ADDRESS 3225 REGATTA RD.
CITY-ST-ZIP NAPLES FL

TITLE 80- President P ☐ DELETE
NAME JENSEN, PHYLLIS
STREET ADDRESS 407 SEAGULL AVE.
CITY-ST-ZIP NAPLES FL

TITLE T ☒ DELETE
NAME INTRAVIA, FRANK
STREET ADDRESS 379 GABRIEL CIR #2301
CITY-ST-ZIP NAPLES FL 33942

TITLE D ☒ DELETE
NAME RAYMOND FRANCISCO
STREET ADDRESS 3695 MCCOMB LN
CITY-ST-ZIP BONITA SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☒ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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: REQUIRED 1-23-97

941-592-5210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0442770

CR2E037 (9/96)