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May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **733569** (8)

1. Corporation Name

ORDER SONS OF ITALY IN AMERICA, LAKE WORTH-BOYNT  
ON BEACH LODGE NO. 2304, INC.

Principal Place of Business

Mailing Address

3595 2ND AVE. N.  
PO BOX 6467  
LAKE WORTH FL 33461

3595 2ND AVE. N.  
PO BOX 6467  
LAKE WORTH FL 33461

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

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/13/1975

4. FEI Number

59-6510843

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

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

MARINELLI, JOHN P ESQ  
1615 FORUM PLACE  
STE. 3-B  
WEST PALM BEACH FL 33401

81 Name

Marinelli, John P. Esquire

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

1615 Forum Place

83

Suite 500 B

84 City

West Palm Beach

FL

85 Zip Code

33401

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  
NAME PD  
STREET ADDRESS PIASIO, DENNIS  
CITY-ST-ZIP 5187 WOODSTONE CIR. E.  
LAKE WORTH FL 33463

TITLE  
NAME FS/D  
STREET ADDRESS AUMAS, MARYJANE  
CITY-ST-ZIP 6205 BALMY CT.  
BOYNTON BCH. FL 33437

TITLE  
NAME VP/D  
STREET ADDRESS FRUSTACI, MARIE  
CITY-ST-ZIP 2886 FERNLEY EAST #74  
WEST PALM BEACH FL 33415

TITLE  
NAME T  
STREET ADDRESS MATURO, RAYMOND  
CITY-ST-ZIP 2886 FERNLEY DR. E., #16  
WEST PALM BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES  
1.2 NAME PAUL SPERA  
1.3 STREET ADDRESS 3595 2ND AVE NORTH  
1.4 CITY-ST-ZIP LAKE WORTH, FL 33461

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*James L. Morse*  
JAMES L. MORSE

Date

1/26/98

Daytime Phone #

561  
439 6615

0044386

CR2E037 (10/97)