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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **734143** **(1)**

1. Corporation Name

DOMNICK GENTILE ORDER SONS OF ITALY CORAL SPRIN GS LODGE #2332, INC.

Principal Place of Business	Mailing Address
3700 NW 109 AVE CORAL SPRINGS FL 33065 US	3700 NW 109 AVE CORAL SPRINGS FL 33065 US

3. Date Incorporated or Qualified: 10/23/1975

4. FEI Number: 65-0308247 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 5438 W. 45th WAY	26 5438 W. 45th WAY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 COCONUT CREEK, FL	City & State 28 COCONUT CREEK FL
Zip 24 33073 Country 25 BROWARD	Zip 29 33073 Country 30 BROWARD

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
ESPOSITO, GREGORY F., JR., ESQ. 8016 WILES ROAD #9 CORAL SPRINGS FL 33067	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] 2/27/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	RUSS RUSSO		1.2 NAME		
STREET ADDRESS	3700 NW 109 AVE.		1.3 STREET ADDRESS	ANGELA HARRINGTON 5438 NW 15th WAY	
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP	COCONUT CREEK, FL	
TITLE	V	☒ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	ANGELA HARRINGTON		2.2 NAME		
STREET ADDRESS	5438 NW 45 WAY		2.3 STREET ADDRESS	CHARLES HARRINGTON 5438 NW 45 WAY	
CITY-ST-ZIP	COCONUT CREEK FL		2.4 CITY-ST-ZIP	COCONUT CREEK, FL	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARYLOU UTTARIELLO		3.2 NAME		
STREET ADDRESS	10791 ROYAL PALM BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOSEPHINE PRICE		4.2 NAME		
STREET ADDRESS	10440 NW 8TH CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	IANNACOME, ALEXANDER		5.2 NAME		
STREET ADDRESS	6721 NW 29TH WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME			6.2 NAME	PHYLISS BRATTOLE	
STREET ADDRESS			6.3 STREET ADDRESS	5717 NW 74th AVE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	TAMARAC, FL 33321	

CR2E037 (10/97)

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: [signature] 2-27-98