## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 738573** 

Entity Name: IL CIRCOLO, INC.

Apr 28, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

12268 WEDGE WAY

BOYNTON BEACH, FL 33437

**Current Mailing Address: New Mailing Address:** 

PO BOX 2166 12268 WEDGE WAY

PALM BEACH, FL 33480 BOYNTON BEACH, FL 33437

FEI Number: 59-1742639 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORA, CAESAR 12268 WEDGE WAY

BOYNTON BEACH, FL 33437 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Date

## Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

GROEN, JOSEPHINE Name: Name: 5195 EUROPA DR Address: Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip:

Title: VD (X) Delete Title: () Change () Addition

PETTI, EMILIO J Name: Name: Address: 1060 SOUTH OCEAN BLVD. Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip:

Title: VD. () Delete Title: () Change () Addition

VALENTI, SALLY Name: Name: 4732 CYPRESS DR S Address: Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip:

Title: TD ( ) Delete Title: () Change () Addition

Name: CORA, CAESAR Name: 12268 WEDGE WAY Address: Address: City-St-Zip: BOYNTON BEACH, FL 33437 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

CROGLIO, JOANNE PAUL, FINIZIO Name: Name: 9777 NICKELS BLVD APT704 3263 N. W. 61ST ST Address: Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: BOCA RATON, FL 33316

Title: () Delete Title: (X) Change ( ) Addition

GERACE, TINA GERACE, TINA Name: Name: Address: 1801 S FLAGLER DR Address: 1801 S FLAGLER DR W. PALM BEACH, FL 33401 W. PALM BEACH, FL 33401 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAESAR CORA Т 04/28/2009