

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 741307

1. Entity Name
**THE ITALIAN-AMERICAN CLUB OF THE GREATER
DAYTONA BEACH AREA, INCORPORATED**



Principal Place of Business
**AYTONA BEACH AREA, INCORPORATED (THE)
272 MCINTOSH RD.
ORMOND BEACH, FL 32174**

Mailing Address
**AYTONA BEACH AREA, INCORPORATED (THE)
272 MCINTOSH RD.
ORMOND BEACH, FL 32174**

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90019 026 ****61.25



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122004 Chg-NP CR2E037 (10/03)

4. FEI Number
94-2390546

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HENRY, PORTER
15 CHRISTY DR.
PORT ORANGE, FL 32019**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution: ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T ☐ Delete
NAME PALERMO, LOUISE
STREET ADDRESS 272 MCINTOSH RD.
CITY-ST-ZIP ORMOND BEACH, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME SOTTARDI, MARIE
STREET ADDRESS 115 TIMBERLINE TRAIL
CITY-ST-ZIP ORMOND BEACH, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PILLON, MARTHA
STREET ADDRESS 62 N ST ANDREWS DR
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MONDELLI, ADELE
STREET ADDRESS 20 RAIN TREE CIR
CITY-ST-ZIP DELAND, FL 32724

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME PORTER, HENRY
STREET ADDRESS 15 CHRISTY DR
CITY-ST-ZIP PORT ORANGE, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☐ Delete
NAME ALEXANDER, JAN
STREET ADDRESS 15 WISTERIA DR
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Louise Palermo* **LOUISE PALERMO
TREASURER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-04 386-672-6939

Date

Daytime Phone #