


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 23, 2005 08:00 AM
Secretary of State

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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HENRY, PORTER 15 CHRISTY DR. PORT ORANGE FL 32019				7. Name and Address of New Registered Agent	
				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					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	T <input type="checkbox"/> Delete				
NAME	PALERMO, LOUISE				
STREET ADDRESS	272 MCINTOSH RD.				
CITY- ST- ZIP	ORMOND BEACH FL				
TITLE	S <input type="checkbox"/> Delete				
NAME	SOTTARDI, MARIE				
STREET ADDRESS	115 TIMBERLINE TRAIL				
CITY- ST- ZIP	ORMOND BEACH FL				
TITLE	D <input type="checkbox"/> Delete				
NAME	PILLON, MARTHA				
STREET ADDRESS	62 N ST ANDREWS DR				
CITY- ST- ZIP	ORMOND BEACH FL 32174				
TITLE	D <input type="checkbox"/> Delete				
NAME	MONDELLI, ADELE				
STREET ADDRESS	15 INDIAN BEAR PATH				
CITY- ST- ZIP	ORMOND BEACH FL 32174				
TITLE	P <input type="checkbox"/> Delete				
NAME	PORTER, HENRY				
STREET ADDRESS	15 CHRISTY DR				
CITY- ST- ZIP	PORT ORANGE FL				
TITLE	DVP <input type="checkbox"/> Delete				
NAME	ALEXANDER, JAN				
STREET ADDRESS	15 WISTERIA DR				
CITY- ST- ZIP	ORMOND BEACH FL 32176				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Add					
<input type="checkbox"/> Change <input type="checkbox"/> Add					
<input type="checkbox"/> Change <input type="checkbox"/> Add					
<input type="checkbox"/> Change <input type="checkbox"/> Add					
<input type="checkbox"/> Change <input type="checkbox"/> Add					



1st MOORE CR2E037 (10/04)

4. FEI Number **94-2390546** ☐ Applied For ☐ Not Applicable

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUISE PALERMO - Louise Palermo 5-17-05 386-672-69
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #