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2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 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
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03282007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-2390546	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PALERMO, LOUISE 272 MCINTOSH RD. ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOTTARDI, MARIE 115 TIMBERLINE TRAIL ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PILLON, MARTHA 62 N ST ANDREWS DR ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONDELLI, ADELE 15 INDIAN BEAR PATH ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PORTER, HENRY 930A MCDONALD RD PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ALEXANDER, JAN 15 WISTERIA DR ORMOND BEACH, FL 32176

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05/17/07-80044-006-61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, Treasurer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

Date

Daytime Phone #

*ITALIAN AMERICAN CLUB
OF THE GREATER DAYTONA BEACH AREA.*