


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 741307</b>	
1. Entity Name <b>THE ITALIAN-AMERICAN CLUB OF THE GREATER DAYTONA BEACH AREA, INCORPORATED</b>	

Principal Place of Business <b>AYTONA BEACH AREA, INCORPORATED (THE) 272 MCINTOSH RD. ORMOND BEACH, FL 32174</b>	Mailing Address <b>AYTONA BEACH AREA, INCORPORATED (THE) 272 MCINTOSH RD. ORMOND BEACH, FL 32174</b>
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**DO NOT WRITE IN THIS SPACE**



03212008 No Chg-NP CR2E037 (4/06)

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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

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

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U00000881742  
04/16/08-80013-004 61.25

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-Louise Palermo-Treasurer 4-01-08 386-672-6939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #