

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **753068** (6)  
1. Corporation Name  
**ITALIAN-AMERICAN CLUB OF COCONUT CREEK, FL., INC**



Principal Place of Business Mailing Address  
**2802 VICTORIA WAY N2  
COCONUT CREEK FL 33066** **2802 VICTORIA WAY N2  
COCONUT CREEK FL 33066**

3. Date incorporated or Qualified **06/23/1980** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-2073824** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 29 Country 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**TIERNAN, PETER B ESQUIRE  
6361 NW 16 ST.  
MARGATE FL 33063**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>VISCONTI, MICHAEL</b>	
STREET ADDRESS	<b>2802 VICTORIA WAY N2</b>	
CITY - ST - ZIP	<b>COCONUT CREEK FL 33066</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>COX, HELEN</b>	
STREET ADDRESS	<b>4701 MARTINIQUE DR.</b>	
CITY - ST - ZIP	<b>COCONUT CREEK FL 33066</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>BERTELLE, CHARLES</b>	
STREET ADDRESS	<b>5118 NW 48TH AVE.</b>	
CITY - ST - ZIP	<b>COCONUT CREEK FL 33066</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>VISCONTI, MIMI</b>	
STREET ADDRESS	<b>2802 VICTORIA WAY</b>	
CITY - ST - ZIP	<b>COCONUT CREEK FL 33066</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>SERAYDAR, GRACE</b>	
STREET ADDRESS	<b>2601 NASSAU BEND</b>	
CITY - ST - ZIP	<b>COCONUT CREEK FL 33066</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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**-03/15/96--01020--024**  
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael Visconti, President 1-17-96 954973-4967  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

3/14/96

PS