


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **753068** (6)  
1. Corporation Name  
**ITALIAN-AMERICAN CLUB OF COCONUT CREEK, FL., INC**



Principal Place of Business <b>2802 VICTORIA WAY N2 COCONUT CREEK FL 33066</b>	Mailing Address <b>2802 VICTORIA WAY N2 COCONUT CREEK FL 33066-1326</b>
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3. Date Incorporated or Qualified <b>06/23/1980</b>	3a. Date of Last Report <b>03/14/1996</b>
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2. Principal Place of Business <b>21 3943 Carambola Cir. W</b> Suite, Apt. #, etc.		2a. Mailing Address <b>263 943 Carambola Cir. N</b> Suite, Apt. #, etc.	
22 City & State <b>23 Coconut Creek, Fl. 33066</b>		27 City & State <b>28 Coconut Creek, Fl. 33066</b>	
24 Zip <b>33066</b>	25 Country	29 Zip <b>33066</b>	30 Country

4. FEI Number <b>59-2073824</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>TIERNAN, PETER B ESQUIRE 6361 NW 16 ST. MARGATE FL 33063</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>same</b>	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City <b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PD</b> <b>Dell'Elba, Charles</b> <b>3943 Carambola cir. N.</b> <b>Coconut Creek, Fl. 33066</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>T</b> <b>Rando, Anne</b> <b>3532 Deer Crk Paladian Cir</b> <b>Deerfield Beach, Fl. 33442</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>VD</b> <b>Contino, Joseph</b> <b>6731 NW 44th Ave. Lot#U-3</b> <b>Coconut Creek, Fl. 33073</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do 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 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: **Charles J. Dell'Elba** *Charles J. Dell'Elba* 1/10/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025504

CR2E037 (9/96)