

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90028 003 ****61.25

DOCUMENT # 753068

1. Corporation Name

ITALIAN-AMERICAN CLUB OF COCONUT CREEK, FL., INC

Principal Place of Business

3943 CARAMBOLA CIRCLE NORTH
COCONUT CREEK FL 33066
US

Mailing Address

3943 CARAMBOLA CIRCLE NORTH
COCONUT CREEK FL 33066
US

New Mailing Address

2. Principal Place of Business

21 2501 ANTIGUA Terr.

Suite, Apt. #, etc.
22 L2

City & State

23 COCONUT CREEK, FL.

Zip Country

24 33066 25 U.S.A.

2a. Mailing Address

26 2501 ANTIGUA Terr.

Suite, Apt. #, etc.
27 L2

City & State

28 COCONUT CREEK, FL.

Zip Country

29 33066 30 U.S.A.

3. Date Incorporated or Qualified

06/23/1980

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

SAME

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 NAME STREET ADDRESS CITY-ST-ZIP

PD
DELL'ELBA, CHARLES
3943 CARAMBOLA CIRCLE N
COCONUT CREEK FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T
RANDO, ANNE
3532 DEER CRK PALADIAN CIR
DEERFIELD BCH FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP
CONTINO, JOSEPH
2501 ANTIGUA TER L2
COCONUT CREEK FL 33066

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP
VISCONTI, MIMI
2802 VICTORIA WAY
COCONUT CREEK FL 33066

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S
SERAYDAR, GRACE
2601 NASSAU BEND
COCONUT CREEK FL 33066

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

P.P.
CONTINO, Joseph
2501 ANTIGUA Terr. APT. L2
COCONUT CREEK, FL 33066

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

V.P.
Bertelle, CHARLES
1578 N.W. 121st DR.
CORAL SPRINGS, FL 33071

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

7.1 TITLE 7.2 NAME 7.3 STREET ADDRESS 7.4 CITY-ST-ZIP

8.1 TITLE 8.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP

9.1 TITLE 9.2 NAME 9.3 STREET ADDRESS 9.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: JOSEPH CONTINO 2/2/99 (954) 917-4431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0026584