



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90055 016 ****61.25

DOCUMENT # 753068 1. Entity Name ITALIAN-AMERICAN CLUB OF COCONUT CREEK, FL., INC					
Principal Place of Business 2802 VICTORIA WAY N2 COCONUT CREEK, FL 33066 US			Mailing Address 2802 VICTORIA WAY N2 COCONUT CREEK, FL 33066 US		
2. Principal Place of Business - No P.O. Box # 602 N.W. 47th AVE Suite, Apt. #, etc.		3. Mailing Address 602 N.W. 47th AVE Suite, Apt. #, etc.			
City & State Deerfield Beach FL. Zip 33442 Country USA		City & State Deerfield Beach FL. Zip 33442 Country USA		4. FEI Number 59-2073824 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03072008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent TIERNAN, PETER B ESQUIRE 6361 NW 16 ST. MARGATE, FL 33063			7. Name and Address of New Registered Agent Name Charles Perriello Street Address (P.O. Box Number is Not Acceptable) 602 N.W. 47th AVE. City Deerfield Beach FL Zip Code 33442		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VISCONTI, MICHEAL 2802 VICTORIA WAY, N2 COCONUT CREEK, FL 33066	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ruth Landini 5560 BANYON TRAIL DR. COCONUT CREEK FL. 33073	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RANDO, ANNE 3600 GALT OCEAN DRIVE, APT 7E FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles Dell'Oliva 3943 CARAMOLA CIR. N COCONUT CREEK, FL. 33066	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP LANDINI, ANTHONY 5500 BANYON TRAIL DR. COCONUT CREEK, FL 33073	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP PERRILLO, CHARLES 602 NW 47TH AVE DEERFIELD BEACH, FL 33442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YERARDI, MAGGIE 4737 NW 30TH ST COCONUT CREEK, FL 33066	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Charles Perriello President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/12/08 954 426-3420 <small>Date Daytime Phone #</small>		