

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90103 004 ****61.25

DOCUMENT # N01000004189

1. Entity Name

ITALIAN CULTURAL SOCIETY OF NAPLES, FLORIDA,
INC.



Principal Place of Business

2301 GULF SHORE DR N
#1703
NAPLES FL 34103

Mailing Address

6017 PINE RIDGE ROAD PMB 104
NAPLES FL 34108



2. Principal Place of Business - No P.O. Box #
5051 CASTELLO DR.

3. Mailing Address

Suite, Apt. #, etc.

STE 33

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

Zip

34103

Country

US

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3726530

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELFINO, JOSEPH C
662 VINTAGE RESERVE CIRCLE #8D
NAPLES FL 34119

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Joseph C. Delfino

Signature typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-30-07

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	ABBATE, ANTHONY	
STREET ADDRESS	2860 TIMBERLING DR	
CITY- ST- ZIP	NAPLES FL 34109	

TITLE	PSD	<input type="checkbox"/> Delete
NAME	IZZO, ANTHONY	
STREET ADDRESS	4301 GULF SHORE BLVD. #1703	
CITY- ST- ZIP	NAPLES FL 34103	

TITLE	SD	<input type="checkbox"/> Delete
NAME	CRESCENZI, ADAM	
STREET ADDRESS	890 SAILAWAY LANE #204	
CITY- ST- ZIP	NAPLES FL 34108	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BUYSSE, LIANA	
STREET ADDRESS	989 AQUA CIRCLE	
CITY- ST- ZIP	NAPLES FL 34102	

TITLE	VD	<input type="checkbox"/> Delete
NAME	HIGGS, ALESSANDRA	
STREET ADDRESS	1285 GULF SHORE BLVD N	
CITY- ST- ZIP	NAPLES FL 34109	

TITLE	TD	<input type="checkbox"/> Delete
NAME	PARAPIGLIA, ROSE	
STREET ADDRESS	4751 GULF SHORE BLVD N #1101	
CITY- ST- ZIP	NAPLES FL 34103	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY IZZO	
STREET ADDRESS	4301 GULF SHORE BLVD #1703	
CITY- ST- ZIP	NAPLES FL 34103	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGS ALESSANDRA	
STREET ADDRESS	1285 GULF SHORE BLVD N	
CITY- ST- ZIP	NAPLES FL 34109	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Rose Parapiglia ROSE PARAPIGLIA

1/30/07

239-597-3169

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #