

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90081 026 \*\*\*\*61.25

DOCUMENT # N01000009011

1. Entity Name

THE CAVUOTO FAMILY FOUNDATION, INC.



Principal Place of Business

4888 POND APPLE DR NORTH  
NAPLES FL 34119

Mailing Address

4888 POND APPLE DR NORTH  
NAPLES FL 34119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3761370

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

WOLLMAN, EDWARD E  
5129 CASTELLO DR  
NAPLES FL 34103

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME CAVUOTO, DOMINICK  
STREET ADDRESS 4888 POND APPLE DR. N  
CITY-ST-ZIP NAPLES FL 34119

TITLE President ☒ Change ☐ Addition  
NAME Dominick Cavuoto  
STREET ADDRESS 4888 Pond Apple Dr N  
CITY-ST-ZIP Naples, FL 34119

TITLE D ☐ Delete  
NAME CAVUOTO, RITA M  
STREET ADDRESS 4888 POND APPLE  
CITY-ST-ZIP NAPLES FL 34119

TITLE Treasurer ☒ Change ☐ Addition  
NAME Rita Cavuoto  
STREET ADDRESS 4888 Pond Apple Dr N  
CITY-ST-ZIP Naples, FL 34119

TITLE D ☒ Delete  
NAME WOLLMAN, EDWARD E  
STREET ADDRESS 5129 CASTELLO DR  
CITY-ST-ZIP NAPLES FL 34103

TITLE Vice President ☐ Change ☒ Addition  
NAME Kara Cavuoto  
STREET ADDRESS 4888 Pond Apple Dr N  
CITY-ST-ZIP Naples, FL 34119

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Secretary ☐ Change ☒ Addition  
NAME Lora Cavuoto  
STREET ADDRESS 4888 Pond Apple Dr N  
CITY-ST-ZIP Naples, FL 34119

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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: *Rita M. Cavuoto, Treasurer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/28/05* *239 592 1946*  
Date Daytime Phone #