

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 16, 2007 08:00 AM
Secretary of State**

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

DO NOT WRITE IN THIS SPACE



02022007 No Chg-NP CR2E037 (4/06)

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

WOLLMAN, EDWARD E
5129 CASTELLO DR
NAPLES, FL 34103

**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
CAVUOTO, KARA
4888 POND APPLE DR N
NAPLES, FL 34119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
CAVUOTO, LORA
4888 POND APPLE DR N
NAPLES, FL 34119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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02/27/07-80027-005 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rita M. Cavuto, Treasurer
2/14/07

239
592 1946
Date Daytime Phone #