


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90022 034 \*\*\*\*61.25

**DOCUMENT # N02000003399**

1. Entity Name  
**ORDER SONS OF ITALY IN AMERICA CELEBRATION LODGE # 2777, INC.**



Principal Place of Business  
**C/O JAMES MANTLA  
 1023 BANKS ROSE  
 CELEBRATION, FL 34747**

Mailing Address  
**C/O JAMES MANTLA  
 1023 BANKS ROSE  
 CELEBRATION, FL 34747**

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2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

03142006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**04-3657995**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HABER, LAWRENCE H  
 715 BLOOM ST  
 STE 200A  
 CELEBRATION, FL 34747**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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	D	<input type="checkbox"/> Delete
NAME	<b>BUONCERVELLO, B SONNY</b>	
STREET ADDRESS	<b>215 CELEBRATION PLACE # 190</b>	
CITY-ST-ZIP	<b>CELEBRATION, FL 34747</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	<b>SEVERINO, ROBERT E</b>	
STREET ADDRESS	<b>5522 GRANADA</b>	
CITY-ST-ZIP	<b>SEBRING, FL 33872</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>MANTIA, JAMES</b>	
STREET ADDRESS	<b>1023 BANKS ROSE</b>	
CITY-ST-ZIP	<b>CELEBRATION, FL 34747</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>MURPHY, JAMES</b>	
STREET ADDRESS	<b>1141 LYNDELL DR.</b>	
CITY-ST-ZIP	<b>KISSIMMEE, FL 34741</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SANDY GEROUX</b>	
STREET ADDRESS	<b>3760 MANTUA CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32837</b>	
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		

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:** *B. Sonny Buoncervello* **315-06409-56202**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #