2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

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1. Entity Name
IL CIRCOLO CULTURALE ITALIANO DELLA FLORIDA, INC.

Principal Place of Business	Mailing Address
931 NW 12 AVE. FORT LAUDERDALE, FL 33311	931 NW 12 AVE. FORT LAUDERDALE, FL 33311

01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number
14-1868836

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIMARCO, ROSANNA
931 NW 12TH AVE
FORT LAUDERDALE, FL 33311

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 reinstated) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DINATALE, DONATO
STREET ADDRESS	6794 FINAMORE DRIVE
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	D
NAME	RITO, LUCIANO
STREET ADDRESS	7528 NEMEC DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33406
TITLE	D
NAME	RICCI, MARIO
STREET ADDRESS	548 SOUTH CRESCENT DRIVE
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	CIRCELLI, ANGELO
STREET ADDRESS	2341 SW 17TH PLACE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	D
NAME	BERAGLIA, ROBERTO
STREET ADDRESS	1811 SE 7TH STREET
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	D
NAME	DIMARCO, ROSANNA
STREET ADDRESS	623 RIVIERA ISLE DRIVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301

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01/10/05-80074-005 61.25

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: Rosanna Di Marco 1-5-05 954-525-6135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #