

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000007849

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



Principal Place of Business
6794 FINAMORE CIRCLE
LAKE WORTH, FL 33467

Mailing Address
6794 FINAMORE CIRCLE
LAKE WORTH, FL 33467



07082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

DINATALE, ANGELA
6794 FINAMORE CIRCLE
LAKE WORTH, FL 33467

**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 reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

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, LUISA
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	BRANCATELLI, ARMANDO
STREET ADDRESS	6862 GRENELEFE CIRCLE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	D
NAME	DIGIOVANNI, CATERINA
STREET ADDRESS	2418 BARCELONA DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301

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07/14/08-80007-008 61.25

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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

ANGELA DINATALE

Date

Daytime Phone #

7/9/08 361-965-5278