

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT #

1. Corporation Name

1403142
ZEPHYRHILLS ITALIAN AMERICAN CLUB, INC.

Principal Place of Business

Mailing Address

**4900 5TH ST.
ZEPHYRHILLS, FL
33539**

**P O BOX 111
ZEPHYRHILLS, FL
33539**

3. Date incorporated or Qualified

5-17-84

4. FEI Number

59-2408701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners' association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**ROBERT L. PERRY
37632 BERMUDA DR
ZEPHYRHILLS, FL 33541**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.1503, Florida Statutes.

SIGNATURE **ROBERT L. PERRY**

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

Robert L. Perry

(NOTE: Registered Agent signature required when reappointing)

DATE

3-24-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **V TOOMAJIAN KIRK**
STREET ADDRESS **4900 5TH ST.**
CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE ☐ DELETE

NAME **C/B/D ANN CROTEAU**
STREET ADDRESS **3250 TRISH DR**
CITY-ST-ZIP **ZEPHYRHILLS, FL 33543**

TITLE ☐ DELETE

NAME **T FRANCES PERRY**
STREET ADDRESS **37632 BERMUDA DR**
CITY-ST-ZIP **ZEPHYRHILLS, FL 33541**

TITLE ☐ DELETE

NAME **P/D ART WALKINSHAW**
STREET ADDRESS **4545 BLOSSOM BLVD**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE ☐ DELETE

NAME **S/D MARILYN WALKINSHAW**
STREET ADDRESS **4545 BLOSSOM BLVD**
CITY-ST-ZIP **ZEPHYRHILLS FL**

TITLE ☒ DELETE

NAME **D JOHN CARROLL**
STREET ADDRESS **5110 CARROLLWOOD DR**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☒ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☒ Addition

62 NAME **EVFRETT BRESANI**
63 STREET ADDRESS **37250 LOIS AVE**
64 CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ROBERT L. PERRY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Perry

3-24-98

Date

813-788-2525

Daytime Phone #

CR2E037 (10/97)