

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90070 004 ****61.25

DOCUMENT # N04000008719

1. Entity Name

**CLUB CULTURALE ITALIA OF GREATER ORLANDO,
INCORPORATED**



Principal Place of Business

% G. VIANELLO
1024 ARTHUR AVE
ORLANDO FL 32804

Mailing Address

% G. VIANELLO
1024 ARTHUR AVE
ORLANDO FL 32804



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

55-0877743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUZZIER, LUCIO C
13340 PALOMA DR
ORLANDO FL 32837**

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/06

**FILE NOW: 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 **P** ☐ Delete
NAME **VIANELLO, GIOVANNI**
STREET ADDRESS **1024 ARTHUR AVE**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **VP** ☐ Delete
NAME **RUZZIER, LUCIO C**
STREET ADDRESS **13340 PALOMA DR**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **S** ☐ Delete
NAME **LAURA, PIERO**
STREET ADDRESS **5238 DORRINGTON LN**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **T** ☒ Delete
NAME **MASO, LILIANO**
STREET ADDRESS **1550 CHESTNUT AVE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **TREASURER**
STREET ADDRESS **GIOVANNI BONFANTÀ**
CITY-ST-ZIP **PO BOX 72 WINDERMERE, FL 34786**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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 another file empowered.

SIGNATURE:

[Signature]

4/24/06 (407) 854-7841