

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90055 023 \*\*\*\*61.25

**DOCUMENT # N04000011783**

1. Entity Name  
**ORDER SONS OF ITALY IN AMERICA, BEACHES LODGE  
NO. 2821, INC.**



Principal Place of Business  
**7 BURLING WAY  
JACKSONVILLE BEACH, FL 32250**

Mailing Address  
**7 BURLING WAY  
JACKSONVILLE BEACH, FL 32250**

40020378



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

20-1950010

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERG, DENNIS  
7 BURLING WAY  
JACKSONVILLE BEACH, FL 32250**

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, 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 May 1, 2005**

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 **DP** ☐ Delete  
NAME **BERG, DENNIS**  
STREET ADDRESS **7 BURLING WAY**  
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE **DVP** ☐ Delete  
NAME **CONSTANTINO, JOHN**  
STREET ADDRESS **900 IRONWOOD DR., STE. 917**  
CITY-ST-ZIP **PONTE VEDRA, FL 32082**

TITLE **DO** ☐ Delete  
NAME **MANTO, NUNZIO**  
STREET ADDRESS **221 COLIMA CT.**  
CITY-ST-ZIP **PONTE VEDRA, FL 32082**

TITLE **DS** ☒ Delete  
NAME **MANTO, TERRY**  
STREET ADDRESS **221 COLIMA CT.**  
CITY-ST-ZIP **PONTE VEDRA, FL 32082**

TITLE **DT** ☒ Delete  
NAME **MAHER, ROSE**  
STREET ADDRESS **328 S. NINE DR.**  
CITY-ST-ZIP **PONTE VEDRA, FL 32082**

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 **221 COLIMA CT. #1013**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **TRUSTEE MARY FIORE**  
STREET ADDRESS **160 PATRICK MILL CIR**  
CITY-ST-ZIP **PONTE VEDRA, FL 32082**

TITLE ☒ Change ☐ Addition  
NAME **TRUSTEE PAUL FIORE**  
STREET ADDRESS **160 PATRICK MILL CIR**  
CITY-ST-ZIP **PONTE VEDRA, FL 32082**

TITLE ☐ Change ☒ Addition  
NAME **TRUSTEE ELOISE AWER**  
STREET ADDRESS **3455 THALIA RD**  
CITY-ST-ZIP **JACKSONVILLE, FL 32250**

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:

**Dennis Berg**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/05

Date

904.242.4929

Daytime Phone #