

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90069 048 \*\*\*\*70.00

**DOCUMENT # N05000005765**

1. Entity Name

ITALIAN AMERICAN SOCIAL CLUB OF THE PALM BEACHES INC.



Principal Place of Business

120 LAKE CONSTANCE DRIVE  
WEST PALM BEACH FL 33411

Mailing Address

120 LAKE CONSTANCE DRIVE  
WEST PALM BEACH FL 33411



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/06)

4. FEI Number

41-2169601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

MARTIN, GILBERT  
120 LAKE CONSTANCE DRIVE  
WEST PALM BEACH FL 33411

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature retained when resigning)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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	<input type="checkbox"/> Delete
NAME	MARTIN, GILBERT	
STREET ADDRESS	120 LAKE CONSTANCE DRIVE	
CITY ST ZIP	WEST PALM BEACH FL 33411	
TITLE	V	<input type="checkbox"/> Delete
NAME	RAO, VINCENT	
STREET ADDRESS	3811 SUMMER CREEK DR	
CITY ST ZIP	LAKE WORTH FL 33467	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRIMALD, JEAN	
STREET ADDRESS	1305 COUNTRY GREEN BLVD.	
CITY ST ZIP	BOYNTON BEACH FL 33437	
TITLE	T	<input type="checkbox"/> Delete
NAME	FASANO, JOSPHINE	
STREET ADDRESS	44863 BROOK DRIVE	
CITY ST ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARAVONE, FRED	
STREET ADDRESS	2521 EMORY WEST SUITE E	
CITY ST ZIP	WEST PALM BEACH FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLIONKA, LUCILLE	
STREET ADDRESS	6238 RED CEDAR CIRCLE	
CITY ST ZIP	GREENACRES FL 33463	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D GEORGE CANOVA
STREET ADDRESS	320 LAS PALMAS ST.
CITY ST ZIP	ROYAL PALM BEH. FL. 33411
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D JOAN CANOVA
STREET ADDRESS	320 LAS PALMAS
CITY ST ZIP	ROYAL PALM BEH. FL. 33411
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D CAROLYN ROEHM
STREET ADDRESS	2598 LIVINGSTON LA.
CITY ST ZIP	WEST PALM BEH. FL. 33411
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D PEGGY THOMAS
STREET ADDRESS	2521 EMORY W#E
CITY ST ZIP	WEST PALM BEH. FL. 33415
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Gilbert Martin* *Gilbert Martin* 2/22/07 (561)681-5225