
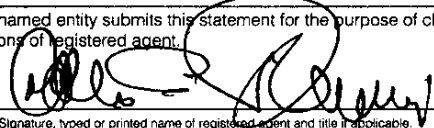
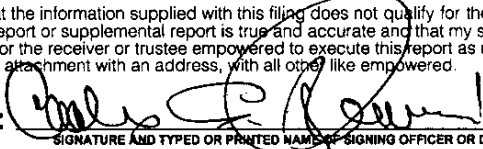


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90102 037 \*\*\*\*61.25

<b>DOCUMENT # N06000003464</b> 1. Entity Name <b>HILLSBORO BEACH BOCCE CLUB, INC.</b>					
Principal Place of Business <b>1149 HILLSBORO MILE, #403N HILLSBORO BCH, FL 33062</b>			Mailing Address <b>1149 HILLSBORO MILE, #403N HILLSBORO BCH, FL 33062</b>		
2. Principal Place of Business - No P.O. Box # <b>1069 HILLSBORO MILE</b>		3. Mailing Address <b>1069 HILLSBORO MILE</b>			
Suite, Apt. #, etc. <b>UNIT 902</b>		Suite, Apt. #, etc. <b>UNIT 902</b>			
City & State <b>HILLSBORO BEACH FL</b>		City & State <b>HILLSBORO BEACH FL</b>			
Zip <b>33062</b>		Country <b>BROWARD</b>		Zip <b>33062</b>	
Country <b>BROWARD</b>		Country <b>BROWARD</b>			
4. FEI Number <b>01132007</b>			Chg-NP <b>CR2E037 (12/06)</b>		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>PANARESE, ELVIRA 1149 HILLSBORO MILE, #403N HILLSBORO BCH, FL 33062</b>			7. Name and Address of New Registered Agent Name <b>CARLO G. TAVAROZZI</b> Street Address (P.O. Box Number is Not Acceptable) <b>1069 HILLSBORO MILE UNIT 902</b> City <b>HILLSBORO BEACH FL</b> Zip Code <b>33062</b>		
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 		<b>CARLO G. TAVAROZZI</b>		<b>MARCH 26, 2007</b>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PANARESE, ELVIRA 22 PARK LANE, #520 PARK RIDGE, IL 60068		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAVAROZZI, CARLO G 1069 HILLSBORO MILE, UNIT 902 HILLSBORO BCH, FL 33062		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIBENEDETTO, ALFONSO M 2544 THE STRAND NORTHBROOK, IL 60062		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		<b>CARLO G. TAVAROZZI</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	