

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000003464**

1. Entity Name

HILLSBORO BEACH BOCCE CLUB, INC.



Principal Place of Business

1069 HILLSBORO MILE  
UNIT 902  
HILLSBORO BCH, FL 33062

Mailing Address

1069 HILLSBORO MILE  
UNIT 902  
HILLSBORO BCH, FL 33062



01152008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TAVAROZZI, CARLO G  
1069 HILLSBORO MILE UNIT 902  
HILLSBORO BCH, FL 33062

**DO NOT WRITE  
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PANARESE, ELVIRA
STREET ADDRESS	22 PARK LANE, #520
CITY-ST-ZIP	PARK RIDGE, IL 60068
TITLE	VD
NAME	TAVAROZZI, CARLO G
STREET ADDRESS	1069 HILLSBORO MILE, UNIT 902
CITY-ST-ZIP	HILLSBORO BCH, FL 33062
TITLE	SD
NAME	DIBENEDDETTO, ALFONSO M
STREET ADDRESS	2544 THE STRAND
CITY-ST-ZIP	NORTHBROOK, IL 60062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000799987  
01/30/08-80091-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/08 (954) 744-5523