2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1

FILED
Feb 12, 2007 8:00 am
Secretary of State
01-17-2007 90053 028 ****61.25

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1. Entity Name
SOUTHWEST FLORIDA ITALIAN AMERICAN SOCIETY, INC.

Principal Place of Business	Mailing Address
407 SEAGULL AVE NAPLES, FL 34108	407 SEAGULL AVE NAPLES, FL 34108

000010JJ

01122007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 74-3185618 ☐ Applied For ☐ Not Applicable

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
JENSEN, PHYLLIS M 407 SEAGULL AVE NAPLES, FL 34108	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JENSEN, PHYLLIS M 407 SEAGULL AVE NAPLES, FL 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Michael Costanzo 2170 Khasia Pointe Naples, Florida 34119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RUSSO, GREGORY 4604 NAVASSA LANE NAPLES, FL 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Lydia Tommarchi 3225 Regatta Rd Naples, Florida	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BLANCHI, JUNE 9840 LUNA CIRCLE #E101 NAPLES, FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GNERRE, ANTHONY 11679 LONGSHORE WAY E NAPLES, FL 34109 Address → Change out	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Anthony Gnerre 28523 Chianti Terrace Bonita Springs, Fl 34135	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MUSSIO, BASIL 2456 ORCHID BAY DRIVE #203 NAPLES, FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHIAPPETTA, MELISSA 3951 GULF SHORE BLVD N PH#2B NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] Treas 1-13-07
FIRST NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #