

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90002 015 \*\*\*\*70.00

**DOCUMENT # N12239**

1. Entity Name  
ITALIAN-AMERICAN SOCIETY OF MARCO ISLAND, INC.



Principal Place of Business  
ELKCAM CIRCLE  
PO BOX 966  
MARCO ISLAND, FL 34146-0966

Mailing Address  
ELKCAM CIRCLE  
PO BOX 966  
MARCO ISLAND, FL 34146-0966

**40025236**



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

01102007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2623583

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

GUIDARELLI, LOUIS  
1085 BALD EAGLE DR #C601  
MARCO ISLAND, FL 34145

Name  
VIVIAN DAWBER

Street Address (P.O. Box Number is Not Acceptable)

378 WALES COURT

City MARCO ISLAND FL Zip Code 34145

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 *Vivian Dawber*

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

(NOTE: Registered Agent signature required when reinstating)

2-19-07

DATE

**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 P  
NAME GUIDARELLI, LOUIS ☒ Delete  
STREET ADDRESS 1085 BALD EAGLE DR #C601  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE P ☒ Change ☐ Addition  
NAME VIVIAN DAWBER  
STREET ADDRESS 378 WALES COURT  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE T ☒ Delete  
NAME MISTRETTA, URSULA  
STREET ADDRESS 1251 TREASURE CT  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE T ☒ Change ☐ Addition  
NAME DALE JOHNSON  
STREET ADDRESS 1540 CAXAMBUS COURT  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE S ☒ Delete  
NAME SULLIVAN, CAROL  
STREET ADDRESS P.O. BOX 1749  
CITY-ST-ZIP MARCO ISLAND, FL 34146

TITLE S ☒ Change ☐ Addition  
NAME FRANCIS JORGENSEN  
STREET ADDRESS 890 S. COLLIER BLVD #701  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE VP ☒ Delete  
NAME DAWBER, VIVION  
STREET ADDRESS 378 WALES CT.  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE VP ☒ Change ☐ Addition  
NAME JOHN DEROSA  
STREET ADDRESS 269 VINTAGE BAY DRIVE  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE D ☒ Delete  
NAME JANIS, ROBERTA  
STREET ADDRESS 900 COLLIER CT. #204  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE D ☒ Change ☐ Addition  
NAME ROY DEPIZZOL  
STREET ADDRESS 389 ORTEGA LANE  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE D ☒ Delete  
NAME JOHNSON, DALE  
STREET ADDRESS 1540 CAXAMBUS CT  
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE D ☒ Change ☐ Addition  
NAME JOAN RAY  
STREET ADDRESS 1212 WINTER BERRY DRIVE  
CITY-ST-ZIP MARCO ISLAND, FL 34145

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: *Dale Johnson* - DALE JOHNSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-07 239-394-4952  
Date Daytime Phone #