

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12239

FILED  
Jan 05, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1540 CAXAMBAS COURT  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 966  
MARCO ISLAND, FL 34146

**New Mailing Address:**

**FEI Number:** 59-2623583

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEPIZZOL, ROY  
389 ORTEGA LANE  
MARCO ISLAND, FL 34145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DEPIZZOL, ROY  
Address: 389 ORTEGA LANE  
City-St-Zip: MARCO ISLAND, FL 34145

Title: T  
Name: JOHNSON, DALE  
Address: 1540 CAXAMBAS COURT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: S  
Name: MADONIA, CAMILLE  
Address: 1011 SWALLOW AVE # 302  
City-St-Zip: MARCO ISLAND, FL 34145

Title: D  
Name: CAROL, LINDSTROM  
Address: 1027 ANGLERS COVE B-302  
City-St-Zip: MARCO ISLAND, FL 34145

Title: VP  
Name: LOU, IMBROGNO  
Address: 1651 COLLINGSWOOD COURT  
City-St-Zip: MARCO ISLAND, FL 34145

Title: D  
Name: ANN, SEPE  
Address: 1657 PIEDMONT CIRCLE  
City-St-Zip: MARCO ISLAND, FL 34145

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DALE H JOHNSON

T

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date