

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90095 047 ****61.25

DOCUMENT # N15450

1. Entity Name

AMERICANS OF ITALIAN HERITAGE OF SUN CITY
CENTER CORPORATION



Principal Place of Business

PO BOX 5083
SUN CITY FL 33571-5083

Mailing Address

PO BOX 5083
SUN CITY FL 33571-5083



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2606236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARBA, GITANO J
2306 GRANTHAM CT.
SUN CITY CENTER FL 33573

7. Name and Address of New Registered Agent

Name **TARANTOLA, JULIA**

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

402 DORCHESTER DR.

City **SUN CITY CENTER FL** Zip Code **33573**

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:

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

Julia Tarantola
(NOTE: Registered Agent signature required when reinstating)

7/20/05
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	EDLING, MILLIE	
STREET ADDRESS	1128 NEW WINDSOR LOOP	
CITY - ST - ZIP	SUN CITY CENTER FL 33573	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TARANTOLA, JULIA	
STREET ADDRESS	402 DORCHESTER DR	
CITY - ST - ZIP	SUN CITY CENTER FL 33573	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SCOLNICK, ARLENE	
STREET ADDRESS	2214 PLATINUM DR	
CITY - ST - ZIP	SUN CITY CENTER FL 33573	
TITLE	T	<input type="checkbox"/> Delete
NAME	BARBA, GITANO J	
STREET ADDRESS	2306 GRANTHAM COURT	
CITY - ST - ZIP	SUN CITY CENTER FL 33573	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VINCI, MARION	
STREET ADDRESS	218 LARKIN DR	
CITY - ST - ZIP	SUN CITY CENTER FL 33573	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DONOFRIO, ANTHONY	
STREET ADDRESS	715 MASTERPIECE DR	
CITY - ST - ZIP	SUN CITY CENTER FL 33573	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIA TARANTOLA	
STREET ADDRESS	402 DORCHESTER DR.	
CITY - ST - ZIP	SUN CITY CENTER, FL. 33573	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOLNICK, ARLENE	
STREET ADDRESS	2214 PLATINUM DR.	
CITY - ST - ZIP	SUN CITY CENTER, FL. 33573	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUCCIO, JOHN	
STREET ADDRESS	2527 LONIGAN PL.	
CITY - ST - ZIP	SUN CITY CENTER, FL. 33573	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBA, GITANO J.	
STREET ADDRESS	2306 GRANTHAM COURT	
CITY - ST - ZIP	SUN CITY CENTER, FL. 33573	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENZI, KAREN JEAN	
STREET ADDRESS	713 MANCHESTER DR.	
CITY - ST - ZIP	SUN CITY CENTER, FL. 33573	
TITLE	CORRESP. SEC'Y	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAYEGH, JULIA	
STREET ADDRESS	2122 GRANTHAM GREENS DR.	
CITY - ST - ZIP	SUN CITY CENTER, FL. 33573	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

John J. Muccio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. MUCCIO

7-19-05 813-634-5490

Date

Daytime Phone #