

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2006 8:00 am
Secretary of State

07-20-2006 90001 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**

40100204



DO NOT WRITE IN THIS SPACE

07102006 No Chg-NP

CR2E037 (4/06)

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

**TARANTOLA, JULIA
402 DORCHESTER DR
SUN CITY CENTER, FL 33573**

**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 September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TARANTOLA, JULIA 402 DORCHESTER DR SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCOLNICK, ARLENE 2214 PLATINUM DR SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUCCIO, JOHN 2527 LONIGAN PL SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARBA, GITANO J 2306 GRANTHAM COURT SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RENZI, KAREN-J 713 MANCHESTER DR SUN CITY CENTER, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS ANNETTE MACDONALD SAYEGH, JULIA 2450 KENSINGTON 2122 GRANTHAM GREENS DR SUN CITY CENTER, FL 33573

**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

7/17/2006

Date

Daytime Phone #

813-633-0264