

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N18249 (5)

1. Corporation Name

LOGGIA UNITA #2015

Principal Place of Business

Mailing Address

3315 LEMON STREET
TAMPA FL 33608

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TAMPA FL 33608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2878356

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CACCIATORE, ANDREW D
1703 ERNA DRIVE
TAMPA FL 33603

CHANGE:
MARIAN M. LILES
5807 Mabel St.
Tampa, FL 33610

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Marian M. Liles
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

4/17/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	CACCIATORE, ANDREW D
STREET ADDRESS	1703 ERNA DR.
CITY - ST - ZIP	TAMPA FL
TITLE	V
NAME	ALMENDARES, TESSIE
STREET ADDRESS	8013 LA SERENA DR.
CITY - ST - ZIP	TAMPA FL
TITLE	FSD
NAME	LILES, MARIAN M
STREET ADDRESS	5807 MABEL ST.
CITY - ST - ZIP	TAMPA FL
TITLE	I
NAME	CASTILLO, PAT
STREET ADDRESS	3402 N. ARMENIA
CITY - ST - ZIP	TAMPA FL
TITLE	S
NAME	SALGADO, YOLANDA
STREET ADDRESS	3908 CLEVELAND ST.
CITY - ST - ZIP	TAMPA FL
TITLE	I
NAME	CARASTRO, JOE
STREET ADDRESS	3642 S. WESTSHORE BLVD.
CITY - ST - ZIP	TAMPA FL

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	P
1.3 STREET ADDRESS	Marian M. Liles
1.4 CITY - ST - ZIP	5807 Mabel St. / Tampa, FL 33610
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	V.P
2.3 STREET ADDRESS	Frank Terrana
2.4 CITY - ST - ZIP	1001 S. Clark Ave / Tampa, FL 33629
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	FSD
3.3 STREET ADDRESS	Rose Marie Giovenco
3.4 CITY - ST - ZIP	2608 Nassau St / Tampa, FL 33607
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	T
6.3 STREET ADDRESS	Sebastian Mirabella Tampa, FL 3361
6.4 CITY - ST - ZIP	4141 Bayshore Blvd #701

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Rose Marie Giovenco
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
ROSE MARIE GIOVENC0

4/18/95 (813)
876-9283
Date
Telephone Area 9