FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

THE ITALIAN AMERICAN CLUB OF CENTURY VILLAGE, IN

Principal Place of Business

Mailing Address

FILED

Mar 17 1997 8:00am

Secretary of State

1301 S.W. 1341 APT. B-102	н жат.	#B209			
PEMBROKE PIN	IES FL 33024	PEMBROKE PINES FL 3302: US	7-1777	3. Date Incorporated or Qualified 05/26/1987	3a. Date of Last Report
9 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	04/17/1996
2 11112001	HURY VILLAGE	26 800 5.W	125 WAY 0-	59-2813828	Applied For
Suite, Apt.	# atc	Suite, Apt. #, etc.	790114	<i>327</i> 00 20 10020	Not Applicable
22	, oto.	27 0-201	/	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	8 _ /	00	Λ ,	6. Election Campaign Financing	\$5.00 May Be
23 PEA	ABROKE PINES FLA	28 PEMBROKE	PINES FLA	Trust Fund Contribution	Added to Fees
Zip		⊢n '	Country	8. This corporation has liability for in	
24 330 27 25 U·5 4 29 33027 30 U·S A · Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
81 Name					
JOHN TORMISAND PRES					
QUARTUCCIO, JIM 82 Street Address (P.O. Box Number is Not Acceptable)					
12900 SW 7 CT 83 83 83 83 83 83 83 83 83 83 83 83 83					
#D209					
PEMBROKE PINES FL 33027 84 City Pen 30.14 Pence FL 85 Zip Code - 7					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 oth, and accept the abligations of Section 617.0503, Florida Statutes.					
office or r	egistered agent, or both, in the State of	Florida, Such change was a	uthorized by the corpora	ation's board of directors. I hereby accep-	the appointment as registered
SIGNATURE JUN Cornerson					
SIGNATORE	Monthure, typed or printed name of registered agent a		Registered Agent s gnature requ	·	DATE
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE 🗸	TD STAN	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CIGALOTTI, JEAN		1.2 NAME		
STREET ADDRESS	13055 SW 15 CT #S108		1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL.	X DELETE	1.4 CHY-ST-ZIP		S 0 M 4.00
TITLE	PD NADTHOOD IAMES	₩ nereie	2.1 TITLE	and Trace Trace	Change Addition
NAME	QUARTUCCIO, JAMES		2.2 NAME	JUAR I DECID STAINE	R-206
STREET ADDRESS	12900 SW 7 CT #B209		2.3 STREET ADDRESS	PUARTUCCIO, JAME 12900 S.W. 7 CT & PEMBRUKE PINES	7,
CITY-ST-ZIP TITLE	PEMBROKE PINES FL VP	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	FEMORURE FINES	Change Addition
NAME	RUSSO, JOHN	DECEME	3.2 NAME		Change CJ Addition
STREET ADDRESS	13001 SW 15 CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		3.4. CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		Change Addition
NAME	D'ASCOLI, FRANCES		4. 2 NAME		
STREET ADDRESS	1601 SW 128 TERRACE APT. A	112	4.3 STREET ADDRESS		
CITY-ST-ZIP.	PEMBROKE PINES FL	112	4.4 CITY-ST-ZIP		
TITLE	VD	DELETE		PD .	Change Addition
NAME	FORMISANO, JOHN	— ··· ··	5.2 NAME	ENDMISAND TOHA	/
STREET ADDRESS	800 SW 125TH WAY APT 201		5.3 STREET ADDRESS	CAN SUL 135 WAY	201-0
CITY-ST-ZIP	PEMBROKE PINES FL		5.4 CITY-ST-ZIP	FORMISANO JOHN 800 SW 125 WAY PEM BROKE PINGS	FIA
TITLE	S	₩ DELETE	6.1 TITLE		☐ Change ☑ Addition
NAME	PACE, JIM		62 NAME	ALESSI LINDA	1
STREET ADDRESS	701 S.W. 128TH AVE F-115		63 STREET ADDRESS	13455 'SW 944 CI	413-5
CITY-ST-ZIP	PEMBROKE PINES FL		64 CITY-ST-ZIP	PEM BEOKE PINES	FIA
14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the					

I do nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.