

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # N21890 (1)

1. Corporation Name

LONG ISLAND & NEW YORK CLUB OF CAPE CORAL, FLORIDA, INC.

Principal Place of Business

Mailing Address

2019 S.E. 28TH TERR.
CAPE CORAL FL 33990
US

2019 S.E. 28TH TERR.
CAPE CORAL FL 33904
US



3. Date Incorporated or Qualified **08/04/1987** 3a. Date of Last Report **03/13/1995**

2. Principal Place of Business 2a. Mailing Address
21 **4310 SE 18th Place** 26 **4310 SE 18th Place**

4. FEI Number **65-5028380** Applied For
Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 **Cape Coral, FL** 28 **Cape Coral, FL**

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

24 **33904** 25 **Lee** 29 **33904** 30 **Lee**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEVITA, ANTHONY
1205 SE 5TH TERR
CAPE CORAL FL 33904**

81 Name **Richard Senicola**
82 Street Address (P.O. Box Number is Not Acceptable)
317 Santa Barbara Blvd
83
84 City **Cape Coral** **FL** 85 Zip Code **33991**

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 with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Toni Clemente* **Toni Clemente, Treasurer** **6/10/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVITA, ANTHONY	1.2 NAME	Senicola, Richard
STREET ADDRESS	1205 S.E. 5TH TERR.	1.3 STREET ADDRESS	317 Santa Barbara Blvd
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	Cape Coral, FL 33991
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	1st VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALLANTE, MARYANNE	2.2 NAME	Rocco, Marie
STREET ADDRESS	1465 SADDLEWOOD DR.	2.3 STREET ADDRESS	5980 Dickenson Ct. N.
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	N. Ft. Myers, FL 33903
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	2nd VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALINOWSKI, FRAN	3.2 NAME	Malinowski, Fran
STREET ADDRESS	4018 S.E. 20TH PL.	3.3 STREET ADDRESS	4018 SE 20th Place
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	SC <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCCO, MARIE	4.2 NAME	Koprowski, Ann
STREET ADDRESS	5980 DICKENSON CT. N.	4.3 STREET ADDRESS	1120 SE 1st Terrace
CITY-ST-ZIP	FORT MYERS FL	4.4 CITY-ST-ZIP	Cape Coral, FL 33990
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHETTI, VIRGINIA	5.2 NAME	Clemente, Toni
STREET ADDRESS	2019 SE 28TH TERR.	5.3 STREET ADDRESS	4310 SE 18th Place
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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: *Toni Clemente* **Toni Clemente, Treasurer** **6/10/96** **941-549-8691**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)