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Sep 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N21890

1. Corporation Name

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

Principal Place of Business	Mailing Address
1638 S.E. 39th Terrace Cape Coral, FL 33904	1638 SE 39th Terrace Cape Coral, FL 33904

3. Date Incorporated or Qualified: 08/04/1987

4. FEI Number: 65-5028380 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1638 SE 39th Terrace	26 1638 SE 39th Terrace
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Cape Coral, FL	28 Cape Coral, FL
24 Zip: 33904	29 Zip: 33904
25 Country: Lee	30 Country: Lee

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Richard Senicola
317 Santa Barbara Blvd.
Cape Coral, FL 33991

10. Name and Address of New Registered Agent

81 Name: Anthony Catapano
82 Street Address (P.O. Box Number is Not Acceptable): 1505 SW 47th Terrace
83
84 City: Cape Coral **FL** 85 Zip Code: 33914

11. Pursuant to the provisions of Sections 617.0500 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: Ann Koprowski (Anthony Catapano PRES. ANTHONY CATAPANO PRES) DATE: 24 July 98

Signature, typed or printed name of corporate officer, agent & title of applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Senicola, Richard 317 Santa Barbara Blvd. Cape Coral, FL ☒ DELETE	1.1 TITLE PD 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Anthony Catapano 1505 SW 47th Terrace Cape Coral, FL 33914 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FVPD Marie Rocco 5980 Dickenson Ct. N. N. Ft. Myers, FL ☒ DELETE	2.1 TITLE FVPD 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	1st VP Frank Caccioppoli 1505 SW 47th Terrace Cape Coral, FL 33914 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVPD Malinowski, Fran 4018 SE 20th PL Cape Coral, FL ☒ DELETE	3.1 TITLE SVPD 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	2ND VP Louis Cacciopoli 1515 SW 47th Terrace Cape Coral, FL 33914 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Koprowski, Ann 1120 SE 1st Terrace Cape Coral, FL ☒ DELETE	4.1 TITLE SD 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Secretary Koprowski, Ann 17920 Antherium Lane No. Fort Myers, FL 33917 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Clemente, Toni 4310 SE 18th PL Cape Coral, FL ☒ DELETE	5.1 TITLE TD 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Treasurer Louis Popovich 1638 SE 39th Terrace Cape Coral, FL 33904 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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14. 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 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: Anthony Catapano Pres. Anthony Catapano, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #