

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90208 018 \*\*\*\*61.25

DOCUMENT # **N23928**

1. Corporation Name

**SGT. FREDERICK M. BONANNO LODGE OF BOCA RATON, I  
NC.**

Principal Place of Business

P O BOX 273686  
BOCA RATON FL 33427

Mailing Address

P O BOX 273686  
BOCA RATON FL 33427

139050-90208-18



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/17/1987

4. FEI Number

65-0105439

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

9. Name and Address of Current Registered Agent

**CARCIONE, SAMUEL  
2300 W. SAMPLE ROAD  
SUITE 300  
POMPANO BEACH FL 33073**

10. Name and Address of New Registered Agent

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 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 **SAMUEL F. CARCIONE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2-2-99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **BONIELLO, CARLO**  
STREET ADDRESS **10216 BREEZEWAY PLACE**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☒ DELETE  
NAME **INFOSINO, AL**  
STREET ADDRESS **15572 BOTTLE BRUSH CIRCLE**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **D** ☐ DELETE  
NAME **CARCIONE, SAMUEL**  
STREET ADDRESS **2300 W. SAMPLE RD.**  
CITY-ST-ZIP **POMPANO BEACH FL 33073**

TITLE **T** ☒ DELETE  
NAME **D'ERMO, JO-ANNA**  
STREET ADDRESS **6944 PALMETTO CIRCLE SOUTH, APT. 312**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **T** ☒ DELETE  
NAME **MOTTOLA, EDWARD J**  
STREET ADDRESS **18281 FRESH LAKE WAY**  
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **T** ☐ DELETE  
NAME **ALBANESE, THERESA**  
STREET ADDRESS **18256 FRESH LAKE WAY**  
CITY-ST-ZIP **BOCA RATON FL 33498**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**PRESIDENT**  
**MOTTOLA, EDWARD J.**  
**18281 FRESH LAKE WAY**  
**BOCA RATON, FLORIDA 33498**

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**FINANCIAL SECRETARY**  
**DOMONIC DeFLORIO**  
**19814 DINNER KEY DRIVE**  
**BOCA RATON, FLORIDA 33498**

☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**TRUSTEE**  
**JOSEPH MONDELE**  
**10980 LASALISAN CIRCLE**  
**BOCA RATON, FLORIDA**

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

**TRUSTEE**  
**PETER VALLONE**  
**8520 NADMAR AVENUE**  
**BOCA RATON, FLORIDA 33434**

☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

**TRUSTEE**  
**PETER VALLONE**  
**8520 NADMAR AVENUE**  
**BOCA RATON, FLORIDA 33434**

☐ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**TRUSTEE**  
**PETER VALLONE**  
**8520 NADMAR AVENUE**  
**BOCA RATON, FLORIDA 33434**

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-2-99**

Date

**954-975-8427**

Daytime Phone #

CR2E037 (11/98)