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Apr 27 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 # N31128

(4)

THE AUSONIAN SOCIETY, INC.



Principal Place of Business

Mailing Address

2827 NORTHWOOD CIRCLE  
SARASOTA FL 34234  
US

2827 NORTHWOOD CIRCLE  
SARASOTA FL 34234  
US

3. Date Incorporated or Qualified

03/09/1989

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

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

10. Name and Address of New Registered Agent

CERMINARA, FRANCES A  
2827 NORTHWOOD CIRCLE  
SARASOTA FL 34234

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.

April 20, 1998

SIGNATURE

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 D ☐ DELETE

NAME RIZZO, VILMA  
STREET ADDRESS 8115 CANTERBURY  
CITY-ST-ZIP SARASOTA FL

1.1 TITLE S ☒ Change ☐ Addition

1.2 NAME RIZZO, VILMA  
1.3 STREET ADDRESS 5115 CANTERBURY  
1.4 CITY-ST-ZIP SARASOTA FL

TITLE PD ☐ DELETE

NAME TESTA, THOMAS  
STREET ADDRESS 3202 CAMPBELL ST  
CITY-ST-ZIP SARASOTA FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DVP ☒ DELETE

NAME SCANGA, JOHN  
STREET ADDRESS 3503 B AVENIDA MADERA  
CITY-ST-ZIP BRADENTON FL

3.1 TITLE DVP ☐ Change ☒ Addition

3.2 NAME MCNEIL, JEAN  
3.3 STREET ADDRESS 2808 60th AVE W. #1724  
3.4 CITY-ST-ZIP BRADENTON, FL.

TITLE DT ☐ DELETE

NAME CERMINARA, FRANCES  
STREET ADDRESS 2827 NORTHWOOD CIR  
CITY-ST-ZIP SARASOTA FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME TURSELLINO, MARCIA BURKE  
STREET ADDRESS 9804 CORTEZ RD W  
CITY-ST-ZIP BRADENTON FL

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME PALOMBO, RITA  
5.3 STREET ADDRESS 1705 BENEVA COURT #705  
5.4 CITY-ST-ZIP SARASOTA, FL.

TITLE D ☐ DELETE

NAME TESTA, EILEEN  
STREET ADDRESS 3202 CAMPBELL ST  
CITY-ST-ZIP SARASOTA FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: Frances A. Cerminara  
April 20, 1998 355-3355

CR2E037 (10/97)