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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N33486 (4)

1. Corporation Name

THE ITALIAN-AMERICAN CLUB OF LAKE COUNTY, INC.

Principal Place of Business	Mailing Address
% LAWRENCE J. SEMENTO 531 NORTH BAY STREET EUSTIS FL 32726 US	P.O. BOX 1583 531 NORTH BAY STREET EUSTIS FL 32726 US

3. Date Incorporated or Qualified: 07/28/1989

4. FEI Number: 59-2980181 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 PO BOX 1583	26 PO BOX 1583
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 EUSTIS	City & State 28 EUSTIS FL
Zip 24 32727-1583 Country 25 LAKE	Zip 29 32727-1583 Country 30 LAKE

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
DEGREGORIO, JULIUS J 17100 SE HWY 452 UMATILLA FL 32784	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	XX Change ☐ Addition
NAME	MATTHEWS, MARY		1.2 NAME	PLUCHINO, KAY	
STREET ADDRESS	17100 S.E. HWY 452		1.3 STREET ADDRESS	35406 Highland Drive	
CITY-ST-ZIP	UMATILLA FL		1.4 CITY-ST-ZIP	Eustis, Fla. 32726	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	LIBERNINI, JOSEPH		2.2 NAME	LIBERNINI JOSEPH	
STREET ADDRESS	41516 CO. ROAD 452		2.3 STREET ADDRESS	41516 County Rd 452	
CITY-ST-ZIP	LEESBURG FL		2.4 CITY-ST-ZIP	Leesburg, Fla. 34788	
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	VOCCI, MARK		3.2 NAME	LONGO, STEPHEN	
STREET ADDRESS	34324 PARK LANE		3.3 STREET ADDRESS	14801 Greater Pines Blvd	
CITY-ST-ZIP	LEESBURG FL		3.4 CITY-ST-ZIP	Clermont, Florida 34711	
TITLE	S	☐ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	LUKOV, TONI		4.2 NAME	COFER, EMILIA	
STREET ADDRESS	330 RIVERGLASS COURT		4.3 STREET ADDRESS	10416 Summit Square Drive	
CITY-ST-ZIP	LEESBURG FL		4.4 CITY-ST-ZIP	Leesburg, Florida 34788	
TITLE	T	☐ DELETE	5.1 TITLE	T	☐ Change ☐ Addition
NAME	SHAW, HARRY		5.2 NAME	SHAW, HARRY	
STREET ADDRESS	103 SUNRISE LANE		5.3 STREET ADDRESS	103 Sunrise Lane	
CITY-ST-ZIP	EUSTIS FL		5.4 CITY-ST-ZIP	Eustis, Florida 32726	
TITLE	S	☐ DELETE	6.1 TITLE	S	XX Change ☐ Addition
NAME	KAISER, BETTY		6.2 NAME	MATTHEWS, MARY	
STREET ADDRESS	P.O. BOX 16		6.3 STREET ADDRESS	17100 S.E. Hwy 452	
CITY-ST-ZIP	PAISLEY FL		6.4 CITY-ST-ZIP	Umatilla, Florida 32784	

CR2E037 (10/97)

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: /s/ [illegible] REQUIRED 1-6-98 352 357 3640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #