

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N35367 (4)**  
1. Corporation Name  
**WESTSHORE SERTOMA CLUB, INC.**



Principal Place of Business <b>C/O JEAN JOYCE 4522 SWANN AVE TAMPA FL 33609 US</b>	Mailing Address <b>C/O JEAN JOYCE 4522 SWANN AVE TAMPA FL 33609 US</b>
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3. Date Incorporated or Qualified  
**11/27/1989**

4. FEI Number  
**59-6213278**

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business <b>21 c/o Cicotelli Suite, Apt. #, etc. 22 715 Sandy Hook Ln City &amp; State 23 Palm Harbor, FL Zip 24 34683 Country 25 USA</b>	2a. Mailing Address <b>26 c/o Cicotelli Suite, Apt. #, etc. 27 715 Sandy Hook Ln City &amp; State 28 Palm Harbor, FL Zip 29 34683 Country 30 USA</b>
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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

**YADO, JESS J., III  
4830 W. KENNEDY BLVD.  
SUITE 750, ONE URBAN CENTRE  
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>CPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CICOTELLI, BRUNO</b>	1.2 NAME	
STREET ADDRESS	<b>234 15TH ST. N</b>	1.3 STREET ADDRESS	<b>715 Sandy Hook Ln</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	1.4 CITY-ST-ZIP	<b>Palm Harbor, FL 34683</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOYCE, JEAN</b>	2.2 NAME	
STREET ADDRESS	<b>4522 SWANN AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>YADO, JESS III</b>	3.2 NAME	<b>Moorehead, Harry</b>
STREET ADDRESS	<b>ONE URBAN CENTER, STE 750</b>	3.3 STREET ADDRESS	<b>4707 Leona St.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	<b>Tampa, FL, 33609</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOGGE, FRAN</b>	4.2 NAME	<b>Brinen, Phil</b>
STREET ADDRESS	<b>1307 PINE LAKE DRIVE</b>	4.3 STREET ADDRESS	<b>4706 Melrose Ave</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	<b>Tampa, FL 33609</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GADARIAN DR VAHAK</b>	5.2 NAME	<b>Cullaro, John</b>
STREET ADDRESS	<b>1211 N WESTSHORE BLVD, STE 105</b>	5.3 STREET ADDRESS	<b>1836 Henley Rd</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	5.4 CITY-ST-ZIP	<b>Lutz, FL 33549</b>
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIUNTA, SAM</b>	6.2 NAME	
STREET ADDRESS	<b>3302 AZEELE ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	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)(l), 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: *Bruno Cicotelli* **Bruno Cicotelli 1/28/98 (813) 535-0919**

CP2E037 (10997)