

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **N96000003227 (3)**  
1. Corporation Name

**CLUB ITALIA, INC.**

Principal Place of Business

**549 ACACIA AVENUE  
SEBASTIAN FL 32958**

Mailing Address

**549 ACACIA AVENUE  
SEBASTIAN FL 32958-4301**

2. Principal Place of Business

**21 Suite Apt. #. etc.**

2a. Mailing Address

**26 Suite Apt. #. etc.**

**24**

Zip

Country

**25**

Zip

Country

9. Name and Address of Current Registered Agent

**BOVA, BRUNO  
549 ACACIA AVENUE  
SEBASTIAN FL 32958**

3. Date Incorporated or Qualified  
**06/14/1996**

3a. Date of Last Report

4. FEI Number

**65-0656787**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fees Required**

6. Election Campaign Financing

**\$5.00 May Be  
Added to Fees**

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **BOVA, BRUNO**  
STREET ADDRESS **549 ACACIA AVENUE**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **VD** ☒ DELETE

NAME **IANNACCONE, JEANNE**  
STREET ADDRESS **726 VOGLEL AVENUE**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **SD** ☐ DELETE

NAME **PARLA, JO**  
STREET ADDRESS **494 COPLY TERRACE**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **TD** ☒ DELETE

NAME **PANARISI, JOSEPH R**  
STREET ADDRESS **414 MIDVALE TERRACE**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **D** ☒ DELETE

NAME **COSTA, DAVE**  
STREET ADDRESS **499 CONCHA DRIVE**  
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **V** ☒ Change ☐ Addition

1.2 NAME **Vice Pres. - D**  
**Norman Palmeri**  
1.3 STREET ADDRESS **6451 55th Square**  
1.4 CITY-ST-ZIP **Vero Beach, FL, 32967**

2.1 TITLE **Treasurer - D** ☒ Change ☐ Addition

2.2 NAME **Jean Beudert**  
2.3 STREET ADDRESS **992 Tarpon Ave.**  
2.4 CITY-ST-ZIP **Sebastian, FL, 32958**

3.1 TITLE **Master of Arms - D** ☒ Change ☐ Addition

3.2 NAME **Harley Andrews**  
3.3 STREET ADDRESS **767 Dempsey Ave.**  
3.4 CITY-ST-ZIP **Sebastian, FL, 32958**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

*Jean Beudert, Treas.*

**7-19-97**

**561-589-8350**

CR2E037 (9/96)

FILED  
Aug 12 1997 8:00am  
Secretary of State

