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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 441 Tulip Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 441 Tulip Dr. Suite, Apt. #, etc.
22 Sebastian, City & State	27 Sebastian, City & State
23 Florida Zip	28 Florida Zip
24 32958 Country	25 USA Country
29 32958 Country	30 USA Country

3. Date Incorporated or Qualified 06/14/1996	
4. FEI Number 65-0656707	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BOVA, BRUNO 549 ACACIA AVENUE SEBASTIAN FL 32958

10. Name and Address of New Registered Agent 81 Name James Palmieri 82 Street Address (P.O. Box Number is Not Acceptable) 441 Tulip Dr. 83 84 City Sebastian, FL 85 Zip Code 32958

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 James V. Palmieri Pres. DATE 1-15-98

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	BOVA, BRUNO
STREET ADDRESS	549 ACACIA AVENUE
CITY-ST-ZIP	SEBASTIAN FL 32958
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	PALMERI, NORMAN
STREET ADDRESS	6451 55TH SQUARE
CITY-ST-ZIP	VERO BCH FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	PARLA, JO
STREET ADDRESS	494 COPLY TERRACE
CITY-ST-ZIP	SEBASTIAN FL 32958
TITLE	TD <input type="checkbox"/> DELETE
NAME	BEUDERT, JEAN
STREET ADDRESS	992 TARPON AVE
CITY-ST-ZIP	SEBASTIAN FL
TITLE	MOAD <input type="checkbox"/> DELETE
NAME	ANDREWS, HARLEY
STREET ADDRESS	767 DEMPSEY AVE
CITY-ST-ZIP	SEBASTIAN FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	• Palmieri, Jim
1.3 STREET ADDRESS	• 441 Tulip Drive
1.4 CITY-ST-ZIP	• Sebastian, FL, 32958
2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Andrews, Mary
2.3 STREET ADDRESS	767 Dempsey Ave.
2.4 CITY-ST-ZIP	Sebastian, FL, 32958
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Short, Norma
3.3 STREET ADDRESS	572 Gerada St.
3.4 CITY-ST-ZIP	Sebastian, FL, 32958
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: JEAN BEUDERT PRESIDENT DATE 1-15-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)