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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000003227

1. Corporation Name
CLUB ITALIA, INC.

Principal Place of Business

441 TULIP DR
 SEBASTIAN FL 32958
 US

Mailing Address

441 TULIP DR
 SEBASTIAN FL 32958
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/14/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0656707	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

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 **JIM PALMIERI**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **441 TULIP DR.**
 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*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/9/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SAME
NAME	PALMIERI JIM	1.2 NAME	
STREET ADDRESS	441 TULIP DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL 32958	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	VPD
NAME	ANDREWS MARY	2.2 NAME	JO PARLA
STREET ADDRESS	767 DEMPSEY AVE	2.3 STREET ADDRESS	494 COPIY TERR.
CITY-ST-ZIP	SEBASTIAN FL 32958	2.4 CITY-ST-ZIP	SEBASTIAN, FL. 32958
TITLE	SD	3.1 TITLE	SD
NAME	SHORT NORMA	3.2 NAME	INA BINISO
STREET ADDRESS	572 GERALD ST	3.3 STREET ADDRESS	260 PERIWINKLE DR.
CITY-ST-ZIP	SEBASTIAN FL 32958	3.4 CITY-ST-ZIP	SEBASTIAN FL 32958
TITLE	TD	4.1 TITLE	TD
NAME	BEUDERT, JEAN	4.2 NAME	CATINELLA, CAROLIE A.
STREET ADDRESS	992 TARPON AVE	4.3 STREET ADDRESS	338 MAIN ST.
CITY-ST-ZIP	SEBASTIAN FL	4.4 CITY-ST-ZIP	SEBASTIAN FL 32958
TITLE	MOAD	5.1 TITLE	MOAD
NAME	ANDREWS, HARLEY	5.2 NAME	CATINELLA LEONARD M.
STREET ADDRESS	767 DEMPSEY AVE	5.3 STREET ADDRESS	338 MAIN ST.
CITY-ST-ZIP	SEBASTIAN FL	5.4 CITY-ST-ZIP	SEBASTIAN FL 32958
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)