

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90073 027 ****61.25

0026700

DOCUMENT # N96000003917

1. Corporation Name

SONS OF ITALY DEERFIELD BEACH LODGE, INC.

Principal Place of Business

**8354 NW 55TH COURT
CORAL SPRINGS FL 33067**

Mailing Address

**8354 NW 55TH COURT
CORAL SPRINGS FL 33067**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/25/1996

4. FEI Number

65-0703494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**GATTUSO, SAL
8354 NW 55TH COURT
CORAL SPRINGS FL 33067**

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

T ☐ DELETE

NAME **MAFFETONE, MADELINE**
STREET ADDRESS **23288 SW 57 AVENUE #105**
CITY-ST-ZIP **BOCA RATON FL 33428**

T ☐ DELETE

NAME **LABBATO, STEPHANIE**
STREET ADDRESS **1937 SW 15TH STREET #46**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

T ☐ DELETE

NAME **FREITAG, CLAIRE**
STREET ADDRESS **1937 SW 15TH STREET #116**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

T ☐ DELETE

NAME **MAUCERI, ANTHONY**
STREET ADDRESS **1977 SW 15TH STREET #116**
CITY-ST-ZIP **DEERFIELD BEACH FL 33242**

T ☒ DELETE

NAME **SORICE, NICOLETTA**
STREET ADDRESS **1431 SW 25 AVENUE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

P ☐ DELETE

NAME **GATTUSO, SAL**
STREET ADDRESS **8354 NW 55 COURT**
CITY-ST-ZIP **CORAL SPRINGS FL 33067**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Financial Secretary** ☐ Change ☒ Addition

1.2 NAME **Bruni, Nina**
1.3 STREET ADDRESS **1985 SW 15 street #123**
1.4 CITY-ST-ZIP **Deerfield Beach FL 33442**

2.1 TITLE **Treasurer** ☐ Change ☒ Addition

2.2 NAME **Bonfiglio, Josephine**
2.3 STREET ADDRESS **1937 SW 15th Street #50**
2.4 CITY-ST-ZIP **Deerfield Beach, FL 33442**

3.1 TITLE **Ord for** ☐ Change ☒ Addition

3.2 NAME **La Mantia, Daniel**
3.3 STREET ADDRESS **2100 SE 19th Street**
3.4 CITY-ST-ZIP **Pompano Bch., FL 33062**

4.1 TITLE **Trustee** ☐ Change ☒ Addition

4.2 NAME **LIUZZO, Robert**
4.3 STREET ADDRESS **2455 SE 7 Drive**
4.4 CITY-ST-ZIP **Pompano Beach, FL 33062**

5.1 TITLE **Falco, Isabel** ☐ Change ☒ Addition

5.2 NAME **2015 SW 15St. #215**
5.3 STREET ADDRESS **Trustee**
5.4 CITY-ST-ZIP **Deerfield Beach, FL 33442**

6.1 TITLE **Trustee** ☐ Change ☒ Addition

6.2 NAME **Oronzo, William**
6.3 STREET ADDRESS **2003 SW 15 Street**
6.4 CITY-ST-ZIP **Deerfield Beach FL 33442**

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 REQUIRED

Sal Gattuso 1/30/99 (954) 341 2479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)