

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90002 019 ****61.25

DOCUMENT # N97000001279



1. Entity Name

AMERICAN ITALIAN CLUB OF THE PALM-BEACHES, INC.

Principal Place of Business

**AL. ISCARO
2863-E-CROSLEY DR. W.
WEST PALM BEACH FL 33415**

Mailing Address

**AL. ISCARO
2863-E-CROSLEY DR. W.
WEST PALM BEACH FL 33415**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**IANNELLO, ANTHONY
7777 NORTHTREE CLUB DR.
LAKE WORTH FL 33467**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **ISCARO, ALFONSO** ☐ Delete
STREET ADDRESS **2863-E-CROSLEY DR. WEST**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **VP**
NAME **IANNELLO, ANTHONY** ☐ Delete
STREET ADDRESS **7777 NORTHTREE CLUB DR.**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **S**
NAME **GELO, ROSE** ☐ Delete
STREET ADDRESS **3531 PINE NEEDLE DRIVE # 27B1**
CITY-ST-ZIP **GREEN ACRES FL 33463**

TITLE **T**
NAME **ISCARO, VIRGINIA** ☐ Delete
STREET ADDRESS **2995-E-CROSLEY DR. WEST**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **D**
NAME **PETRETTI, CHARLES** ☐ Delete
STREET ADDRESS **124 ROSEWOOD LANE**
CITY-ST-ZIP **GREENACRES FL 33463**

TITLE **D**
NAME **CARAVONE, FRED** ☐ Delete
STREET ADDRESS **331 SOUTH HAMPTON "B"**
CITY-ST-ZIP **W.P.B. FL 33417**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Asst-P**
NAME **ED CHONKA** ☐ Change ☒ Addition
STREET ADDRESS **6238 RED CEDAR CIRCLE**
CITY-ST-ZIP **GREENACRES, FL. 33463**

TITLE **D**
NAME **VINCENT RAD** ☐ Change ☒ Addition
STREET ADDRESS **3811 SUMMER CREEK DR.**
CITY-ST-ZIP **LAKE WORTH, FL. 33467**

TITLE **D**
NAME **JESSICA RAD** ☐ Change ☒ Addition
STREET ADDRESS **3811 SUMMER CREEK DR.**
CITY-ST-ZIP **LAKE WORTH, FL. 33467**

TITLE **D**
NAME **ED WARNER** ☐ Change ☒ Addition
STREET ADDRESS **1111 GREEN PINE BLVD. - G3**
CITY-ST-ZIP **WEST PALM BEACH, FL. 33409**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Virginia Iscarno
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/04 5616428756