


2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

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
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02122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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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

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

000000472500
03/29/06-80039-006 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ISCARO, ALDONSE 2863-E-CROSLEY DR. WEST WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IANNELLO, ANTHONY 7777 NORTHTREE CLUB DR. LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIMALDI, ARTHUR 708 SW 24TH ST BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, EUGENE 2956 C CROSLEY DR E WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELOVITS, LARRY 228 CARDINAL LANE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERUBE, HENRY 16473 DEL PANICO CIR DELRAY BEACH, FL 33484

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Richard A. Williams **TREASURER** 3-1-06 (561) 966-0298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #