

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N97000001279

1. Entity Name  
AMERICAN ITALIAN CLUB OF THE PALM BEACHES, INC.



Principal Place of Business

ANTHONY IANNELLO  
7777 N TREE CLUB DR  
LAKE WORTH, FL 33467

Mailing Address

AMERICAN ITALIAN CLUB  
PO BOX 6536  
LAKE WORTH, FL 33466

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**



01092008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

Filing Fee is \$61.25  
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STANO, JOE 723 GULF CT DELRAY BEACH, FL 33445
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IANNELLO, ANTHONY 7777 NORTHTREE CLUB DR. LAKE WORTH, FL 33467
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALI, RICHARD 6272 HARBOR CLUB DR LAKE WORTH, FL 33467
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, EUGENE 2956 C CROSLY DR E WEST PALM BEACH, FL 33415
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCIS, MARIE 1024 N "O" ST LAKE WORTH, FL 33460
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIOFFI, ED 340 B NW 48TH ST DELRAY BEACH, FL 33445
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03/05/08-80001-019 61.25

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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #