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Mar 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000007176 (7)**

1. Corporation Name

**SCHIAVONE FAMILY FOUNDATION, INC.**



Principal Place of Business

Mailing Address

OCEAN REEF CLUB  
33 CARDINAL LANE  
KEY LARGO FL 33037

OCEAN REEF CLUB  
33 CARDINAL LANE  
KEY LARGO FL 33037

3. Date Incorporated or Qualified

**12/29/1997**

4. FEI Number

**65-0795617**

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHIAVONE, RONALD A  
OCEAN REEF CLUB  
33 CARDINAL LANE  
KEY LARGO FL 33037

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D SCHIAVONE, RONALD A**  
STREET ADDRESS **OCEAN REEF CLUB, 33 CARDINAL LANE**  
CITY-ST-ZIP **KEY LARGO FL 33037**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D SCHIAVONE, JEAN R**  
STREET ADDRESS **OCEAN REEF CLUB, 33 CARDINAL LANE**  
CITY-ST-ZIP **KEY LARGO FL 33037**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D SCHIAVONE, CHRISTOPHER**  
STREET ADDRESS **5 COLLINS DRIVE**  
CITY-ST-ZIP **MORRISTOWN NJ 07960**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D DIALFONSO, ELISSA**  
STREET ADDRESS **247 LONG MEADOW ROAD**  
CITY-ST-ZIP **BEDMINSTER NJ 07921**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D DIMAGGIO, CORA**  
STREET ADDRESS **288 MORNING GLORY CT**  
CITY-ST-ZIP **WHITEHOUSE STATION NJ 08889**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

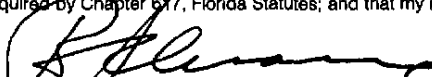
TITLE ☐ DELETE  
NAME **D PIRTLE, JAMES A**  
STREET ADDRESS **79 MEADOW ROAD**  
CITY-ST-ZIP **WHITEHOUSE STATION NJ 08889**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE REQUIRED



CR2E037 (10/97)