

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90126 033 ****61.25

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1. Entity Name

**BONAVENTURE ITALIAN AMERICAN CLUB AND FRIENDS
INC.**



Principal Place of Business

P O BOX 266402
WESTON FL 33326

Mailing Address

P O BOX 266402
WESTON FL 33326



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0824412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARIOSCIA, MICHAEL
340 RACQUET CLUB RD #204
WESTON FL 33326**

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	CARIOSCIA, MICHAEL	
STREET ADDRESS	340 RACQUET CLUB RD	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	1VD	<input type="checkbox"/> Delete
NAME	SEMERIA, AUGIE	
STREET ADDRESS	16400 GOLF CLUB RD	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	MD	<input type="checkbox"/> Delete
NAME	CARIOSCIA, THERESA	
STREET ADDRESS	340 RACQUET CLUB RD	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	T	<input type="checkbox"/> Delete
NAME	BARBARA, THERESA	
STREET ADDRESS	402 LAKEVIEW DRIVE	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	S	<input type="checkbox"/> Delete
NAME	MANDIKIS, IRENE	
STREET ADDRESS	561 RACQUET CLUB RD	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	AS	<input type="checkbox"/> Delete
NAME	COLLINS, FRAN	
STREET ADDRESS	510 PATIO VILLAGE WAY	
CITY-ST-ZIP	WESTON FL 33326	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	326 FAIRWAY Circle
CITY-ST-ZIP	WESTON, FL 33326
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	326 FAIRWAY Circle
CITY-ST-ZIP	WESTON FL 33326
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Michael Caroscia* - MICHAEL CARIOSCIA 2-10-06 954-389-9587