

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90019 022 ****61.25

DOCUMENT # N98000003303

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 - No P.O. Box #

326 FAIRWAY Circle

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

WESTON, FLA.

City & State

Zip
33326

Country

Zip

Country

4. FEI Number

65-0824412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

CARIOSCIA, MICHAEL

~~340 RACQUET CLUB RD #204~~ **326 FAIRWAY Cir.**
WESTON FL 33326

7. Name and Address of New Registered Agent

Name

CARIOSCIA MICHAEL

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

326 FAIRWAY Circle

City

WESTON

FL

Zip Code

33326

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

Michael Caroscia

(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, 2007

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	<input type="checkbox"/> Delete
NAME	CARIOSCIA, MICHAEL	
STREET ADDRESS	326 FAIRWAY CIR	
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	326 FAIRWAY CIR	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-07 954-389-9507

Date

Daytime Phone #