

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # N98000003303	
1. Entity Name BONAVENTURE ITALIAN AMERICAN CLUB AND FRIENDS INC.	

Principal Place of Business 326 FAIRWAY CIR WESTON FL 33326	Mailing Address P O BOX 266402 WESTON FL 33326
---	--



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E037 (10/07)

City & State	City & State	4. FEI Number 65-0824412	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARIOSCIA, MICHAEL 326 FAIRWAY CIR WESTON FL 33326	
--	--

7. Name and Address of New Registered Agent	
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	DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
P CARIOSCIA, MICHAEL 326 FAIRWAY CIR WESTON FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
1VD SEMERIA, AUGIE 16400 GOLF CLUB RD WESTON FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
MD CARIOSCIA, THERESA 326 FAIRWAY CIR WESTON FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
T BARBARA, THERESA 402 LAKEVIEW DRIVE WESTON FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
S MANDIKIS, IRENE 561 RACQUET CLUB RD WESTON FL 33326	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
AS COLLINS, FRAN 510 PATIO VILLAGE WAY WESTON FL 33326	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
U00000837722 03/05/08-80002-005 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Mich. Cariscia* Michael Cariscia 1-28-08 854-389-9507