

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90029 037 ****70.00

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1. Entity Name

THE ITALIAN AMERICAN CLUB OF PALM HARBOR, INC.



Principal Place of Business

38854 US 19 NORTH
TARPON SPRINGS FL 34689

Mailing Address

38854 US 19 NORTH
TARPON SPRINGS FL 34689

2. Principal Place of Business

38854 US 19N

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TARPON SPRINGS FL

City & State

TARPON SPRINGS FL

Zip

34689

Country

FLORIDA

Zip

34689

Country

FLORIDA



MOORE

CR2E037 (11/03)

4. FEI Number

65-0198735

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CASAL, CHARLES
38854 US 19 NORTH
TARPON SPRINGS FL 34689

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 *Charles Casale*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 ☐ Delete
CASALE, CHARLES
STREET ADDRESS 38854 US 19 NORTH
CITY-ST-ZIP TARPON SPRINGS FL 34689 **PRES**

TITLE NAME ☐ Delete
GRAZIANO, TOMAS
STREET ADDRESS 38854 US 19 NORTH
CITY-ST-ZIP TARPON SPRINGS FL 34689 **V PRES**

TITLE NAME ☐ Delete
DEAMBOSIO, FRANK
STREET ADDRESS 38854 US 19 NORTH
CITY-ST-ZIP TARPON SPRINGS FL 34689 **TREASER**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 #