

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2005 8:00 am
Secretary of State

08-04-2005 90002 027 ****61.25

DOCUMENT # N99000002633					
1. Entity Name THE PRIMO CARNERA FOUNDATION, INC.					
Principal Place of Business 143 WOODETTE DR DUNEDIN, FL 34698			Mailing Address 143 WOODETTE DR DUNEDIN, FL 34698		
2. Principal Place of Business 1714 CURLEW RD DUNEDIN, FL		3. Mailing Address 1714 CURLEW RD DUNEDIN, FL			
Suite, Apt. #, etc. DUNEDIN, FL		Suite, Apt. #, etc. DUNEDIN, FL		07152005 Chg-NP CR2E037 (10/03)	
City & State FL		City & State DUNEDIN FL		4. FEI Number 59-3564037	
Zip 34698		Country PINELAND		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARNERA, UMERTO 143 WOODETTE DR DUNEDIN, FL 34698 1714 CURLEW RD DUNEDIN, FL 34698			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: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY - ST - ZIP	D CARNER, GIOVANNA M 143 WOODETTE DR. DUNEDIN, FL 34698	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C FURIA, ARTHUR J 800 BRICKELL AVE. MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TARTAGLIA, GIANLUCA 800 BRICKELL AVE. MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT CARNERA, UMBERTO E MD 1714 CURLEW RD. DUNEDIN, FL 34698	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, trustee, or 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>7/31/05</u> (727) 734-3040 <small>Daytime Phone #</small>		



ATTACHMENT
Division of Corporations
50059824
Annual Report

Annual Report Help

Document Number

N99000002633

Business Entity Name

THE PRIMO CARNERA FOUNDATION, INC.

FEI Number

593564037

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 each

Election Campaign Financing Trust Fund Contribution

☐ Yes ☒ No

Principal Place of Business

Address 1714 CURLEW RD.
Suite, Apt. #, etc.
City, State DUNEDIN, FL
Zip Code & Country 34698

Mailing Address

Address 1714 CURLEW RD
Suite, Apt. #, etc.
City, State DUNEDIN, FL
Zip Code & Country 34698

Name And Address of Registered Agent

Name (Last, First, Middle, Title) CARNERA, UMERTO,
-or- RA Business Name
Address (PO Box is not acceptable) 1714 CURLEW RD.,
Suite, Apt. #, etc.
City, State DUNEDIN, FL
Zip Code & Country 34698 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

ATTACHMENT

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Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title	D		
Name (Last, First, Middle, Title)	CARNER	GIOVANNA	M
-or- Entity Name			
Street Address	143 WOODETTE DR.		
City, State	DUNEDIN	FL	
Zip Code & Country	34698		
Title	C		
Name (Last, First, Middle, Title)	FURIA	ARTHUR	J
-or- Entity Name			
Street Address	800 BRICKELL AVE.		
City, State	MIAMI	FL	
Zip Code & Country	33131		
Title	D		
Name (Last, First, Middle, Title)	TARTAGLIA	GIANLUCA	
-or- Entity Name			
Street Address	800 BRICKELL AVE.		
City, State	MIAMI	FL	
Zip Code & Country	33131		
Title	PT		
Name (Last, First, Middle, Title)	CARNERA	UMBERTO	E MD
-or- Entity Name			
Street Address	1714 CURLEW RD.		
City, State	DUNEDIN	FL	
Zip Code & Country	34698		
Title			
Name (Last, First, Middle, Title)			
-or- Entity Name			
Street Address			
City, State			
Zip Code & Country			
Title			

ATTACHMENT

00598261

https://efile.sunbiz.org/scripts/ubr001.exe

#199000002633

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

YES

P. G. Cameron

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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