

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000004423

**Entity Name:** RIVERWALK ITALIAN AMERICANS & FRIENDS CLUB INC.

**FILED**  
**Feb 25, 2016**  
**Secretary of State**  
**CC9524796095**

**Current Principal Place of Business:**

7459 RIVERWALK CIRCLE  
SUITE 315  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

7459 RIVERWALK CIRCLE  
SUITE 315  
WEST PALM BEACH, FL 33411

**FEI Number:** 65-1011700

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FORMICHELLA, ALLEN  
7095 ELKHORN DRIVE  
WEST PALM BEACH, FL 33411 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name FORMICHELLA, ALLEN  
Address 7095 ELKHORN DRIVE  
City-State-Zip: WEST PALM BEACH FL 33411

Title VP  
Name CICOLA, RAY  
Address 7668 QUIDA DRIVE  
City-State-Zip: WEST PALM BEACH FL 33411

Title VP  
Name RIENECKER, LEE  
Address 7705 RED RIVER ROAD  
City-State-Zip: WEST PALM BEACH FL 33411

Title S  
Name CACCAMISE, ANNETTE  
Address 7916 RED RIVER ROAD  
City-State-Zip: WEST PALM BEACH FL 33411

Title T  
Name ASHTON, MARY  
Address 2169 VERO BEACH LANE  
City-State-Zip: WEST PALM BEACH FL 33411

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARY J ASHTON

**TREASURER**

**02/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date