

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004339 (6)
 1. Corporation Name
NEW YORK SOCIAL CLUB OF PALM COAST, INC.



Principal Place of Business ITALIAN-AMERICAN CLUB 45 OLD KINGS RD. PALM COAST FL 32137 US	Mailing Address P.O. BOX 353519 PALM COAST FL 32135-3519 US
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3. Date Incorporated or Qualified
09/08/1995

4. FEI Number
65-0191133

Applied For Not Applicable

2. Principal Place of Business **21** 2a. Mailing Address **26**

Suite, Apt. #, etc. **22** Suite, Apt. #, etc. **27**

City & State **23** City & State **28**

Zip **24** Country **25** Zip **29** Country **30**

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

PISCITELLI, RALPH
32 WESTLAWN PLACE
PALM COAST FL 32164

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PISCITELLI, RALPH	1.2 NAME	
STREET ADDRESS	32 WESTLAWN PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32164	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREEDON, DENNIS	2.2 NAME	FOWLER, LAURINE
STREET ADDRESS	11 WHIPPOORWILL DRIVE	2.3 STREET ADDRESS	2-EAST LAND LN.
CITY-ST-ZIP	PALM COAST FL	2.4 CITY-ST-ZIP	PALM COAST, FL. 32164
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASES, FRANK P	3.2 NAME	
STREET ADDRESS	23 CLEARVIEW COURT S	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLIN, LEONARD	4.2 NAME	BASES, FRAN
STREET ADDRESS	45 WELLSTONE DRIVE	4.3 STREET ADDRESS	23-CRESCENT CT. N.
CITY-ST-ZIP	PALM COAST FL	4.4 CITY-ST-ZIP	PALM COAST, FL. 32137
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMMIRATA, BELLA	5.2 NAME	
STREET ADDRESS	33 CHRISTOPHER COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANAGAN, MAUREEN	6.2 NAME	
STREET ADDRESS	117 FORRESTER PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE: Ralph Piscitelli **2-1-98** **904-446-4463**

CR2E037 (10/97)