


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2005 8:00 am**  
**Secretary of State**

02-17-2005 90020 032 \*\*\*\*61.25

<b>DOCUMENT # N95000004339</b>					
1. Entity Name: <b>NEW YORK SOCIAL CLUB OF PALM COAST, INC.</b>					
Principal Place of Business <b>ITALIAN-AMERICAN CLUB 45 OLD KINGS RD. PALM COAST, FL 32137 US</b>			Mailing Address <b>P.O. BOX 353519 PALM COAST, FL 32135-3519 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0191133</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>AMUSO, SALVATORE J 5 CAYUSE COURT PALM COAST, FL 32137</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMUSO, SALVATORE		NAME	AMUSO, SALVATORE	
STREET ADDRESS	5 CAYUSE CT		STREET ADDRESS	47 N. RIVERWALK DRIVE	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLACENTI, LUCIA		NAME		
STREET ADDRESS	16 WELLING LANE		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO, JOHN		NAME		
STREET ADDRESS	P.O. BOX 354338		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32135		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMUSO, JUDY		NAME	JUDY AMUSO	
STREET ADDRESS	5 CAYUSE BT.		STREET ADDRESS	47 N. RIVERWALK DRIVE	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMMIRATA, BELLA		NAME	BILL SIEFRIED	
STREET ADDRESS	89 CLUBHOUSE DR.		STREET ADDRESS	33 WELLER LANE	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Salvatore J. Amuso</i> <b>SALVATORE J. AMUSO</b> 2/15/2005 386-439-7391					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					