


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000004339

1. Entity 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

DO NOT WRITE IN THIS SPACE



02152006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0191133 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

AMUSO, SALVATORE J
5 CAYUSE COURT
PALM COAST, FL 32137

DO NOT WRITE IN THIS SPACE

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 _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	AMUSO, SALVATORE
STREET ADDRESS	47 N RIVERWALK DRIVE
CITY - ST - ZIP	PALM COAST, FL 32137
TITLE	P
NAME	PLACENTI, LUCIA
STREET ADDRESS	18 WELLING LANE
CITY - ST - ZIP	PALM COAST, FL 32164
TITLE	VP
NAME	BLANCO, JOHN
STREET ADDRESS	P.O. BOX 354338
CITY - ST - ZIP	PALM COAST, FL 32135
TITLE	SD
NAME	AMUSO, JUDY
STREET ADDRESS	47 N RIERWALK DRIVE
CITY - ST - ZIP	PALM COAST, FL 32137
TITLE	VD
NAME	SIEFRIED, BILL
STREET ADDRESS	35 WELLER LANE
CITY - ST - ZIP	PALM COAST, FL 32164
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

1100000438094
 02/28/06-80072-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Salvatore Amuso - SALVATORE J. AMUSO 02/15/2006 326-693-3070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #