


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90106 043 ****61.25

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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0191133	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AMUSO, SALVATORE J 5 CAYUSE COURT PALM COAST, FL 32137			Name NATALIE MILUNIC		
			Street Address (P.O. Box Number is Not Acceptable)		
			12 WASHINGTON PLACE		
			City PALM COAST	State FL	Zip Code 32164
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 <i>Natalie Milunic, Treasurer</i>				DATE 1/16/07	
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, 2007		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	T	<input checked="" type="checkbox"/> Delete	TITLE	T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMUSO, SALVATORE		NAME	NATALIE MILUNIC	
STREET ADDRESS	47 N RIVERWALK DRIVE		STREET ADDRESS	12 WASHINGTON PLACE	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLACENTI, LUCIA		NAME	MARY SIEGFRIED	
STREET ADDRESS	16 WELLING LANE		STREET ADDRESS	33 WELLER LANE	
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCO, JOHN		NAME	BILL SIEGFRIED	
STREET ADDRESS	P.O. BOX 354338		STREET ADDRESS	33 WELLER LANE	
CITY-ST-ZIP	PALM COAST, FL 32135		CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMUSO, JUDY		NAME	JUDY AMUSO	
STREET ADDRESS	47 N RIERWALK DRIVE		STREET ADDRESS	47 N. RIERWALK DR.	
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEFRIED, BILL		NAME		
STREET ADDRESS	35 WELLER LANE		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP		
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 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: <i>Natalie Milunic</i>				DATE 1/16/07 DAYTIME PHONE # 386 986-3822	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE DAYTIME PHONE #	