## **2008 NOT-FOR-PROFIT CORPORATION**

## **ANNUAL REPORT** DOCI IMENIT # NOSOOOOA330

**FILED** Feb 06, 2008 8:00 am Secretary of State

1. Entity Name NEW YORK SOCIAL CLUB OF PALM COAST, INC.					i i	2-06-2008	_		25
Principal Plac ITALIAN-AME 45 OLD KING PALM COAST	erican Club SS RD.	Mailing Address P.O. BOX 353519 PALM COAST, FL 3213	35-3519	US					
2. Principal Place of Business - No P.O. Box#		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072008 Ch	g-NP	CR2E03	7 (12/06)		
City & State		City & State		4. Fel Number 65-019113	3			plied For t Applicable	
Zip Country		Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Curren	t Registered Agent			7. Name and Add			gent	
MILUNK, N				Name 5'AL	VATORE J.	Amus	0		
	NGTON PLACE AST, FL 32164				s (P.O: Box Number is Not Acceptable) N - RIVERWALK DA				
			ŀ	City O a	Co.4.com		FL	Zip Code	, _
					n COAST			321	37
	named entity submits this statement tions of registered agent.				ered agent, or both, in t	the State of Fic	orida. I am fi	amiliar with,	and accept
SIGNATURE Salvatore Shurr SALVATORE J. AMUSO 02/02/2008 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTI	E: Registered	Agent signature require	ed when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Car Trust Fund C	mpaign Fi	nancing	\$5.00 May Be Added to Fees		lake check		
10.	Filing Fee is \$61.25	9. Election Car Trust Fund C	mpaign Fi	nancing	\$5.00 May Be	Flor	ida Depart	ment of St	ate
10. TITLE	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Car Trust Fund C	mpaign Fi	nancing on.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Flor	ida Depart	ment of St	ate
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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.

STALVATORE J. AMUSD SIGNATURE AND TYPES OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR 02/02/2608 693-3070 Date Deptime Phone #