


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-06-2008 90023 017 ****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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILUNK, NATALIE 12 WASHINGTON PLACE PALM COAST, FL 32164				Name SALVATORE J. AMUSO	
				Street Address (P.O. Box Number is Not Acceptable) 47 N. RIVERWALK DR	
				City PALM COAST FL	
				Zip Code 32137	
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>Salvatore Amuso</i> SALVATORE J. AMUSO				DATE: 02/02/2008	
Filing Fee is \$61.25 Due by May 1, 2008				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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILUNIC, NATALIE		NAME	SAL AMUSO	
STREET ADDRESS	12 WASHINGTON PLACE		STREET ADDRESS	47 N. RIVERWALK DR	
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP	PALM COAST, FL 32164	
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGFRIED, MARY		NAME		
STREET ADDRESS	33 WELLER LANE		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGFRIED, BILL		NAME	RAY ROMASH	
STREET ADDRESS	33 WELLER LANE		STREET ADDRESS	PO Box 353662	
CITY-ST-ZIP	PALM COAST, FL 32164		CITY-ST-ZIP	PALM COAST, FL 32135	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMUSO, JUDY		NAME		
STREET ADDRESS	47 N RIERWALK DR		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
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>Salvatore Amuso</i> SALVATORE J. AMUSO				DATE: 02/02/2008 386-693-3070	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	