

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90232 016 ****61.25

60001933



DOCUMENT # 758848 1. Entity Name 10 - 13 CLUB OF BREVARD COUNTY, INC.					
Principal Place of Business P O BOX 2621 SATELLITE BEACH, FL 32937			Mailing Address P O BOX 2621 SATELLITE BEACH, FL 32937		
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 59-2166820	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DIEGNAN, JOHN 216 CYNTHIA LANE INDIAN HARBOR BCH, FL 32937				Name <u>MIELE, NICHOLAS C.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3670-LINNEA ROAD</u> City <u>MERRITT ISLAND</u> FL Zip Code <u>32952</u>	
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 <u>Nicholas C. Miele</u> <u>NICHOLAS C. MIELE, PRESIDENT</u> <u>JAN. 12, 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	<u>VP PRES</u> <u>MIELE, NICHOLAS</u> <u>3670 LINNEA RD</u> <u>MERRITT ISLAND, FL 32952</u>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>GLOVER, JIMMIE</u> <u>730 BRICKELL ST SE</u> <u>PALM BAY, FL 32909</u>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D S</u> <u>MOYNTHAN, PATRICK</u> <u>2472 EMERSON DR. SE</u> <u>PALM BAY, FL 32909</u>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>MARTINEZ, WILLIAM</u> <u>861 FOREST ST. NE</u> <u>PALM BAY, FL 32907</u>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>DIEGNAN, JOHN</u> <u>216 CYNTHIA LANE</u> <u>INDIAN HARBOR BCH, FL 32937</u>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>STEIN, ROBERT</u> <u>435 NEWPORT DR</u> <u>INDIALANTIC, FL 32903</u>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V.P.</u> <u>ESPOSITO, SAM</u> <u>302 - SALIDA DRIVE</u> <u>INDIAN HARBOR BEACH, FL 32937</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T</u> <u>PESCE, PATRICK</u> <u>109- MARTESIA WAY</u> <u>INDIAN HARBOR BEACH, FL 32937</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Nicholas C. Miele</u> <u>NICHOLAS C. MIELE</u> <u>1/12/06</u> <u>(321) 453-6752</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					