


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 759878
 1. Entity Name
 10 - 13 CLUB, TREASURE COAST, INC.



Principal Place of Business Mailing Address
 P.O. BOX 85-7854 P.O. BOX 85-7854
 PT ST LUCIE, FL 34985-7854 US PT ST LUCIE, FL 34985-7854 US

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01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
 59-2155902 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 HOWARD, ROBERT
 10102 S OCEAN DR
 JENSEN BEACH, FL 34957

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

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 NAME STREET ADDRESS CITY-ST-ZIP | PD HOWARD, ROBERT 10102 S OCEAN DR 102 JENSEN BEACH, FL 34957 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SOTD OXLEY, WAYNE 465 SE SUNNYDALE LN PORT SAINT LUCIE, FL 34983 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD VALICENTI, ANTHONY 1825 SE DEMING AVE. PORT SAINT LUCIE, FL 34952 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 01/20/06-80052-001 61.25

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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.

SIGNATURE: *Wayne Oxley* **WAYNE OXLEY** 1/10/06 7723403471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #