


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 A
Secretary of State


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



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

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

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01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2155902	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

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 renouncing)

Filing Fee is \$61.25
Due by May 1, 2008

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	SDTD 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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 01/09/08-80030-012 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 T. Oxley Date: 1/6/08 772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 340-3471