

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2009**  
**Secretary of State**

DOCUMENT# 759878

Entity Name: 10 - 13 CLUB, TREASURE COAST, INC.

**Current Principal Place of Business:**

P.O. BOX 85-7854  
PT ST LUCIE, FL 349857854 US

**New Principal Place of Business:**

465 S/E SUNNYDALE LN.  
PT ST LUCIE, FL 34983 US

**Current Mailing Address:**

P.O. BOX 85-7854  
PT ST LUCIE, FL 349857854 US

**New Mailing Address:**

FEI Number: 59-2155902      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOWARD, ROBERT  
10102 S OCEAN DR  
JENSEN BEACH, FL 34957 US

**Name and Address of New Registered Agent:**

HOWARD, ROBERT  
5 DON QUIXOTE COURT  
PORT ST. LUCIE, FL 34952 US

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.

SIGNATURE: \_\_\_\_\_ 01/26/2009  
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HOWARD, ROBERT  
Address: 10102 S OCEAN DR 102  
City-St-Zip: JENSEN BEACH, FL 34957

Title: SDTD ( ) Delete  
Name: OXLEY, WAYNE  
Address: 465 SE SUNNYDALE LN  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VD ( ) Delete  
Name: VALICENTI, ANTHONY  
Address: 1825 SE DEMING AVE.  
City-St-Zip: PORT SAINT LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE OXLEY      SDTD      01/26/2009  
Electronic Signature of Signing Officer or Director Date