2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006
Secretary of State

DOCUMENT# N02948

Entity Name: 10-13 CLUB OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

2 PINE CONE DRIVE
P O BOX 352601
PALM COAST, FL 32137 US

New Principal Place of Business:

Current Mailing Address:

2 PINE CONE DRIVE
P O BOX 352601
PALM COAST, FL 32137 US

New Mailing Address:

FEI Number: 59-2826181 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODS, EDMOND P
318 MOHAVE TERRACE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: LUCENTE, AGOSTINO A
Address: 12 FULTON PLACE
City-St-Zip: PALM COAST, FL 32137

Title: PD ( ) Delete
Name: WOODS, EDMOND
Address: 318 MOHAVE TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: VPD ( ) Delete
Name: WILLIAMS, MILTON
Address: 34 PINELLA LANE
City-St-Zip: PALM COAST, FL 32164

Title: SD ( ) Delete
Name: ROSATO, SALVATORE
Address: 26 ESSINGTON LANE
City-St-Zip: PALM COAST, FL 32164

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: AGOSTINO LUCENTE T 03/31/2006

Electronic Signature of Signing Officer or Director Date