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Jan 23, 1999 8:00am
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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07874

1. Corporation Name

CENTRAL FLORIDA 10-13 CLUB, INC.

Principal Place of Business

MR. ARTHUR ADDEO
13020 QUAIL COURT
ORLANDO FL 32828
US

Mailing Address

MR. ARTHUR ADDEO
13020 QUAIL COURT
ORLANDO FL 32828
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

02/28/1985

4. FEI Number

59-2502645

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WILLIAM J. MCCUSKER
1250 LAKE ROGERS CIRCLE
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME ADDEO, ARTHUR
STREET ADDRESS 13020 QUAIL CT
CITY-ST-ZIP ORLANDO FL

TITLE VP ☐ DELETE

NAME GALARZA, LOUIS
STREET ADDRESS 3012 LOGGER CT
CITY-ST-ZIP ORLANDO FL 32817

TITLE S ☐ DELETE

NAME IRIZARRY, FRANK
STREET ADDRESS 1004 MOSSHART LANE
CITY-ST-ZIP ORLANDO FL 32825

TITLE D ☐ DELETE

NAME GOLAS, STAN
STREET ADDRESS 321 DORCHESTER CT
CITY-ST-ZIP LONGWOOD FL

TITLE DP ☐ DELETE

NAME DICEMBRE, JOHN
STREET ADDRESS 1785 E CHERYL DR
CITY-ST-ZIP WINTER PARK FL

TITLE D ☐ DELETE

NAME MCCUSKER, WILLIAM
STREET ADDRESS 1250 LAKE ROGERS CIR
CITY-ST-ZIP OVIEDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-99

Date

407 384-0005

Daytime Phone #

CR2E037 (1/98)