


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90019 004 ****61.25

DOCUMENT # N18736	
1. Entity Name PALM BEACH COUNTY 10-13 CLUB, INC.	

Principal Place of Business P.O. BOX 1511 BOYNTON BEACH FL 33435 US	Mailing Address P.O. BOX 1511 BOYNTON BEACH FL 33435 US
---	---

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent ROTHSCHILD, THEODORE 650 SNUG HARBOR DR. G-402 BOYNTON BEACH FL 33435		7. Name and Address of New Registered Agent Name ANDRADE, JAMES Street Address (P.O. Box Number is Not Acceptable) 1314 S.W. 15TH ST. City BOYNTON BEACH FL Zip Code 33426	
---	--	--	--

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 *James Andrade* **JAMES ANDRADE, PRESIDENT** 2/9/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROTHSCHILD, THEODORE		NAME				
STREET ADDRESS	650 SNUG HARBOR DR G 402		STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL 33435		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DIFIGLIA, DOMINICK		NAME				
STREET ADDRESS	4611 VESPASIAN COURT		STREET ADDRESS				
CITY-ST-ZIP	LAKE WORTH FL 33463		CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	JONES, LAWRENCE		NAME	SOLDON, FREDRICK			
STREET ADDRESS	15445 MEDWOOD DRIVE		STREET ADDRESS	6377 VIA PRIMO ST. APT PH			
CITY-ST-ZIP	WELLINGTON FL 33414		CITY-ST-ZIP	LAKE WORTH FL 33464			
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FINNIN, EUGENE		NAME	JOHNSON, TED			
STREET ADDRESS	314 ASOURY WAY		STREET ADDRESS	137 PALM DRIVE			
CITY-ST-ZIP	BOYNTON BEACH FL 33426		CITY-ST-ZIP	NORTH PALM BEACH FL 33408			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RALPH, WILLIAM J		NAME				
STREET ADDRESS	400 N. FEDERAL HWY #611		STREET ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ANDRADE, JAMES		NAME				
STREET ADDRESS	1314 SW 15TH ST		STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL 33426		CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Eugene E. Finnin* **EUGENE E. FINNIN** 2/9/07 (561) 737-1003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #