


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N27223		
1. Entity Name SUNCOAST 10-13 CLUB, INC.		
Principal Place of Business P. O. BOX 1013 PALM HARBOR, FL 34682 US		Mailing Address P. O. BOX 1013 PALM HARBOR, FL 34682 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DARCONTE, FRANK J 30 GREENHAVEN TRAIL OLDSMAR, FL 34677		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALIANO, JAMES 1436 LAWNWOOD CT. TARPON SPRINGS, FL 34689	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FILIPPONI, DOMINICK 1211 ALANBROOKE ST. TRINITY, FL 34655	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CODY, JOHN 3620 BLUEBELL LN. HOLIDAY, FL 34691	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DARCONTE, FRANK J 30 GREENHAVEN TRAIL OLDSMAR, FL 34677	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAGY, JOHN S. SR. 6446 CARDINAL CREST DR. NEW PORT RICHEY, FL 34655	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSTER, DAVID M JR. 534 OAK CREEK LANE PALM HARBOR, FL 28	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 647, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____



01162005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2888357	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/21/05-80084-008 61.25

**DO NOT WRITE
IN THIS SPACE**

1-16-05