

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27223

FILED
Jan 10, 2006
Secretary of State

Entity Name: SUNCOAST 10-13 CLUB, INC.

Current Principal Place of Business:

P. O. BOX 1013
PALM HARBOR, FL 34682 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1013
PALM HARBOR, FL 34682 US

New Mailing Address:

FEI Number: 59-2888357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DARCONTE, FRANK J
30 GREENHAVEN TRAIL
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

GAGLIARDO, WILLIAM
8105 MEADOWVIEW PL.
TRINITY, FL 34655 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: WILLIAM GAGLIARDO

01/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALIANO, JAMES
Address: 1436 LAWNWOOD CT.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VP () Delete
Name: FILIPPONI, DOMINICK
Address: 1211 ALANBROOKE ST.
City-St-Zip: TRINITY, FL 34655

Title: S () Delete
Name: CODY, JOHN
Address: 3620 BLUEBELL LN.
City-St-Zip: HOLIDAY, FL 34691

Title: T () Delete
Name: DARCONTE, FRANK J
Address: 30 GREENHAVEN TRAIL
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: NAGY, JOHN S. SR.
Address: 6446 CARDINAL CREST DR.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: KOSTER, DAVID M JR.
Address: 534 OAK CREEK LANE
City-St-Zip: PALM HARBOR, FL 26

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: GALIANO, JAMES
Address: 1436 LAWNWOOD CT.
City-St-Zip: TARPON SPRINGS, FL 34689

Title: P (X) Change () Addition
Name: GAGLIARDO, WILLIAM
Address: 8105 MEADOWVIEW PL.
City-St-Zip: TRINITY, FL 34655

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

Title: T (X) Change () Addition
Name: SAPONARA, JOSEPH
Address: 1029 MARAVISTA DR.
City-St-Zip: TRINITY, FL 34655

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: WILLIAM GAGLIARDO

P

01/10/2006

Electronic Signature of Signing Officer or Director

Date