

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27223

FILED  
Apr 05, 2007  
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:

GAGLIARDO, WILLIAM  
8105 MEADOWVIEW PL.  
TRINITY, FL 34655 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: VP ( ) Delete  
Name: GALIANO, JAMES  
Address: 1436 LAWNWOOD CT.  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: P ( ) Delete  
Name: GAGLIARDO, WILLIAM  
Address: 8105 MEADOWVIEW PL.  
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: SAPONARA, JOSEPH  
Address: 1029 MARAVISTA DR.  
City-St-Zip: TRINITY, FL 34655

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

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

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

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

Title: T (X) Change ( ) Addition  
Name: FORAN, PHILP J  
Address: 4702 PORTLAND MANOR DR.  
City-St-Zip: NEW PORT RICHEY, FL 34652

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

04/05/2007

Electronic Signature of Signing Officer or Director

Date