2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27223

Apr 01, 2008 Secretary of State

Entity Name: SUNCOAST 10-13 CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

P. O. BOX 1013

PALM HARBOR, FL 34682 US

Current Mailing Address: New Mailing Address:

P. O. BOX 1013

PALM HARBOR, FL 34682 US

FEI Number: 59-2888357 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GAGLIARDO, WILLIAM GALIANO, JAMES 8105 MEADOWVIEW PL. 1436 LAWNWOOI

8105 MEADÓWVIEW PL. 1436 LAWNWOOD COURT TRINITY, FL 34655 US TARPON SPRINGS, FL 34689 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: JAMES GALIANO 04/01/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 GAGLIARDO, WILLIAM
 Name:
 GALIANO, JAMES

 Address:
 8105 MEADOWVIEW PL.
 Address:
 1436 LAWNWOOD CT

 City-St-Zip:
 TRINITY, FL 34655
 City-St-Zip:
 TARPON SPRINGS, FL 3489

Title: VP () Delete Title: VP (X) Change () Addition

Name: GALIANO, JAMES Name: NAGY, JOHN S SR

Address: 1436 LAWNWOOD CT. Address: 6446 CARDINAL CREST DRIVE City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: NEW PORT RICHEY, FL 34655

Title: S () Delete Title: () Change () Addition

 Name:
 CODY, JOHN
 Name:

 Address:
 3620 BLUEBELL LN.
 Address:

 City-St-Zip:
 HOLIDAY, FL 34691
 City-St-Zip:

 Name:
 FORAN, PHILP J
 Name:

 Address:
 4702PORTLAND MANOR DR.
 Address:

 City-St-Zip:
 NEW PORT RICHEY, FL 34652
 City-St-Zip:

Title: () Delete Title: (X) Change () Addition NAGY, JOHN S. SR. CANGELOSE, VINCENT M Name: Name: 6446 CARDINAL CREST DR. 1808 ORCHARDGROVE AVENUE Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify 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: JAMES GALIANO P 04/01/2008