

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27223

FILED
Mar 08, 2009
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:

GALIANO, JAMES
1436 LAWNWOOD COURT
TARPON SPRINGS, FL 34689 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: P () Delete
Name: GALIANO, JAMES
Address: 1436 LAWNWOOD CT
City-St-Zip: TARPON SPRINGS, FL 3489

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

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

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

Title: D () Delete
Name: CANGELOSE, VINCENT M
Address: 1808 ORCHARDGROVE AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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 GLIANO

P

03/08/2009

Electronic Signature of Signing Officer or Director

Date