


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

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N48442 1. Entity Name GULF COAST 10-13 CLUB, INC.	
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Principal Place of Business 2500 AQUILLOS CT PORT CHARLOTTE, FL 33952	Mailing Address P.O. BOX 495786 PORT CHARLOTTE, FL 33949-5786
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DO NOT WRITE IN THIS SPACE



02282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2825709	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WRIGHT, EDWARD J
2500 AQUILLOS CT
PORT CHARLOTTE, FL 33952

**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
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WRIGHT, EDWARD J 2500 AQUILLOS CT PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FEDERICI, ROBT 621 W. RETTA ESPLANADE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KORTH, JOHN 3133 ROCK CREEK DT PORT CHARLOTTE, FL 33998
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAPSISARDI, JERRY 502 LOWALL AVE PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCLAFANI, ANTHONY 7438 CARAMBOLS CT PUNTA GORDA, FL 33955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARKER, EDWARD 6405 ACORN BLVD PUNTA GORDA, FL 33982

UN00000310863
04/18/05-80021-009 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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>	3/14/05 <small>Date</small>	941-625-0167 <small>Daytime Phone #</small>
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