

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90085 021 \*\*\*\*61.25

<b>DOCUMENT # N48442</b> 1. Entity Name <b>GULF COAST 10-13 CLUB, INC.</b>					
Principal Place of Business <b>2500 AQUILOS CT PORT CHARLOTTE, FL 33952</b>			Mailing Address <b>P.O. BOX 495786 PORT CHARLOTTE, FL 33949-5786</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2825709</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>WRIGHT, EDWARD J 2500 AQUILOS CT PORT CHARLOTTE, FL 33952</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WRIGHT, EDWARD J 2500 AQUILOS CT PORT CHARLOTTE, FL 33952</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>FEDERICI, ROBT 621 W. RETTA ESPLANE PUNTA GORDA, FL 33950</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ <b>Barker, Edward</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6405 Acorn Blvd Punta Gorda, FL 33982</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>KORTH, JOHN 3133 ROCK CREEK DT PORT CHARLOTTE, FL 33998</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>Michael Lubiano</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>9241 New Martinsville Av Englewood, FL 34224</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>RAPSISARDI, JERRY 502 LOWALL AVE PORT CHARLOTTE, FL 33952</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SCLAFANI, ANTHONY 7438 CARAMBOLS CT PUNTA GORDA, FL 33955</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BARKER, EDWARD 6405 ACORN BLVD PUNTA GORDA, FL 33982</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Jerry Plescia</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>7835 Satsuma Drive Punta Gorda, FL 33955</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>Edward J. Wright</i> <b>Edward J. Wright.</b> <b>941-456-1913</b>					