


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90232 016 ****61.25

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DOCUMENT # 758848					
1. Entity Name 10 - 13 CLUB OF BREVARD COUNTY, INC.					
Principal Place of Business P O BOX 2621 SATELLITE BEACH, FL 32937			Mailing Address P O BOX 2621 SATELLITE BEACH, FL 32937		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DIEGNAN, JOHN 216 CYNTHIA LANE INDIAN HARBOR BCH, FL 32937				Name MIELE, NICHOLAS C. Street Address (P.O. Box Number is Not Acceptable) 3670-LINNEA ROAD City MERRITT ISLAND FL Zip Code 32952	
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 <i>Nicholas C. Miele</i> NICHOLAS C. MIELE, PRESIDENT JAN. 12, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP PRES	<input type="checkbox"/> Delete	TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIELE, NICHOLAS		NAME	ESPOSITO, SAM	
STREET ADDRESS	3670 LINNEA RD		STREET ADDRESS	302 - SALIDA DRIVE	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952		CITY-ST-ZIP	INDIAN HARBOR BEACH, FL 32937	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLOVER, JIMMIE		NAME	PESCE, PATRICK	
STREET ADDRESS	730 BRICKELL ST SE		STREET ADDRESS	109- MARTESIA WAY	
CITY-ST-ZIP	PALM BAY, FL 32909		CITY-ST-ZIP	INDIAN HARBOR BEACH, FL 32937	
TITLE	D S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYNTHAN, PATRICK		NAME		
STREET ADDRESS	2472 EMERSON DR. SE		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32909		CITY-ST-ZIP		
TITLE	D P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, WILLIAM		NAME		
STREET ADDRESS	861 FOREST ST. NE		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32907		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIEGNAN, JOHN		NAME		
STREET ADDRESS	216 CYNTHIA LANE		STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOR BCH, FL 32937		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, ROBERT		NAME		
STREET ADDRESS	435 NEWPORT DR		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
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.					
SIGNATURE: <i>Nicholas C. Miele</i> NICHOLAS C. MIELE 1/12/06 (321) 453-6752 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					