


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90061 037 ****61.25

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**

40020514



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01202007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2166820

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MIELE, NICHOLAS C
 3670-LINNEA RD
 MERRITT ISLAND, FL 32952**

7. Name and Address of New Registered Agent

Name **SAM ESPOSITO**

Street Address (P.O. Box Number is Not Acceptable)
302 - SALIDA DRIVE

City **INDIAN HARBOR BEACH** FL Zip Code **32937**

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 SAM ESPOSITO, PRESIDENT  02/08/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	MIELE, NICHOLAS	3670 LINNEA RD	MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/>
D	GLOVER, JIMMIE	730 BRICKELL ST SE	PALM BAY, FL 32909	<input checked="" type="checkbox"/>
S	MOYNTHAN, PATRICK	2472 EMERSON DR. SE	PALM BAY, FL 32909	<input type="checkbox"/>
D	MARTINEZ, WILLIAM	861 FOREST ST. NE	PALM BAY, FL 32907	<input type="checkbox"/>
VP	ESPOSITO, SAM	302-SALIDA DR.	INDIAN HARBOR BEACH, FL 32937	<input type="checkbox"/>
D	STEIN, ROBERT	435 NEWPORT DR	INDIALANTIC, FL 32903	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
S	CALDERON, MARCO	3700 - SAVANNAHS TRAIL	MERRIT ISLAND, FL 32953	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	BERGSTROM, CARL	910-FOSTORIA DRIVE	MELBOURNE, FL. 32940	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	V.P.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	T.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	P.			<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	PESCE, PATRICK	109-MARTESIA WAY	INDIAN HARBOR BEACH, FL 32937	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: SAM ESPOSITO, PRESIDENT  02/08/07 321-2439505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ATTACHMENT

40020514

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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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2166820	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MIELE, NICHOLAS C 3670-LINNEA RD MERRITT ISLAND, FL 32952			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MIELE, NICHOLAS 3670 LINNEA RD MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHAN, EMMETT 7944-TIMBERLAKE DRIVE WEST MELBOURNE, FL 32904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOVER, JIMMIE 730 BRICKELL ST SE PALM BAY, FL 32909	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, WILLIAM 861 FOREST ST NE PALM BAY, FL 32907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: SAM ESPOSITO, PRESIDENT Date: 02/08/07					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					