

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000657

FILED
Mar 23, 2006
Secretary of State

Entity Name: NEW SMYRNA BEACH HOSPITALITY MANAGERS ASSOCIATION, INC.

Current Principal Place of Business:

100 CLUB HOUSE CIRCLE
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2243
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 33-1054108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POST, PATTY
100 CLUB HOUSE CIRCLE
NEW SMYRNA BEACH, FL 32168 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: PD () Delete
Name: POST, PATTY
Address: 100 CLUB HOUSE CIRCLE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD (X) Delete
Name: CAGNEY, WALT
Address: 601 B. HERBERT ST
City-St-Zip: PORT ORANGE, FL 32129

Title: SD () Delete
Name: DURLEY, CHERYL
Address: 4150 S. ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TD () Delete
Name: COFFIELD, JIM
Address: 533 N. NOVA RD SUITE # 106-B
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: RUTA, TED
Address: 3509 S ATLANTIC BLVD
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: FROST, CINDY
Address: 701 S ATLANTIC AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JIM COFFIELD

TD

03/23/2006

Electronic Signature of Signing Officer or Director

Date