2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State
02-22-2008 90019 046 ****61.25

DOCUMENT # N04618

1. Entity Name

NEW SMYRNA BEACH GARDEN CLUB, INC.

Principal Place of Business	Mailing Address
2000 TURNBULL BAY RD NEW SMYRNA BEACH FL 32168 US	P.O. BOX 1648 NEW SMYRNA BEACH FL 32170-1648 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2368585 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~BROWNSON, NOREEN~~ BURGESS, DIANA
~~3050 TURNBULL BAY ROAD~~ 100 AQUA CT.
NEW SMYRNA BEACH FL 32168

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

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

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	2VPD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GARDNER, LENORE		NAME	
STREET ADDRESS	920 TURNBULL ST		STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		CITY-ST-ZIP	
TITLE	ASTD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MORTON, SONIA		NAME	
STREET ADDRESS	271 SWEETBAY AVE.		STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		CITY-ST-ZIP	
TITLE	~~TD~~	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	~~STEVENS, MARILYN~~		NAME	
STREET ADDRESS	~~2630 TURNBULL ESTATES DR~~		STREET ADDRESS	
CITY-ST-ZIP	~~NEW SMYRNA BEACH FL 32168~~		CITY-ST-ZIP	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BURGESS, DIANA		NAME	
STREET ADDRESS	100 AQUA CT		STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		CITY-ST-ZIP	
TITLE	1VPD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CHISM, RITA		NAME	
STREET ADDRESS	152 LAGARDINIA ST		STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141		CITY-ST-ZIP	
TITLE	RS	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DALEY, PATRICIA		NAME	
STREET ADDRESS	712 TANTALLON CT		STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Diana Burgess

_____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN

DATE