

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24639 (9)
1. Corporation Name
NEW SMYRNA BEACH SENIOR MEN'S GOLF ASSOCIATION, INC.



Principal Place of Business C/O SID C. PETERSON JR. 418 CANAL STREET NEW SMYRNA BEACH FL 32168-7010	Mailing Address C/O SID C. PETERSON JR. 418 CANAL STREET NEW SMYRNA BEACH FL 32168-7010
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/02/1988		3a. Date of Last Report 02/14/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE		Applied For		Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent PETERSON, SID C., JR. 418 CANAL STREET NEW SMYRNA BEACH FL 32069				10. Name and Address of New Registered Agent			
81 Name							
82 Street Address (P.O. Box Number is Not Acceptable)							
83							
84 City				FL		85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELAND, THOMAS		1.2 NAME	Warren C. Peplow	
STREET ADDRESS	438 BOUCHELLE DR. #105		1.3 STREET ADDRESS		
CITY - ST - ZIP	NEW SMYRNA BEACH FL		1.4 CITY - ST - ZIP		
TITLE	P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREDOW, EDWARD F		2.2 NAME	Richard Murdock	
STREET ADDRESS	285 GULL DR S		2.3 STREET ADDRESS	20 Birdie Drive	
CITY - ST - ZIP	NEW SMYRNA BEACH FL		2.4 CITY - ST - ZIP	New Smyrna Bch, FL 32168	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOBSON, HARRY		3.2 NAME	Robert Zife	
STREET ADDRESS	113 AQUA CT		3.3 STREET ADDRESS	187 Spruce St.	
CITY - ST - ZIP	NEW SMYRNA BEACH FL		3.4 CITY - ST - ZIP	New Smyrna, Bch, FL 32168	
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRIGHT, LESLIE		4.2 NAME		
STREET ADDRESS	22A COUNTRY CLUB DRIVE		4.3 STREET ADDRESS		
CITY - ST - ZIP	NEW SMYRNA BEACH FL		4.4 CITY - ST - ZIP		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REA, JERRY		5.2 NAME	John Kulczyk	
STREET ADDRESS	P.O. BOX 934 N/A		5.3 STREET ADDRESS	103 Inlet Shore Dr.	
CITY - ST - ZIP	NEW SMYRNA BEACH FL		5.4 CITY - ST - ZIP	New Smyrna Bch, FL 32168	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, EDWIN		6.2 NAME		
STREET ADDRESS	604 EDWARD ST.		6.3 STREET ADDRESS		
CITY - ST - ZIP	NEW SMYRNA BEACH FL 32168		6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leslie N. Albright 4-12-97 904 427-3020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 8003044

CR2E037 (9/96)