

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90030 035 \*\*\*\*70.00

<b>DOCUMENT # N24639</b>	
1. Entity Name <b>NEW SMYRNA BEACH SENIOR MEN'S GOLF ASSOCIATION, INC.</b>	
Principal Place of Business <b>NEW SMYRNA BEACH G.C. 1000 WAYNE AVENUE NEW SMYRNA BEACH, FL 32168</b>	Mailing Address <b>NEW SMYRNA BEACH G.C. 1000 WAYNE AVENUE NEW SMYRNA BEACH, FL 32168</b>



01062004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>PETERSON, SID C., JR. 101 N. RIVERSIDE DR, #504 NEW SMYRNA BEACH, FL 32168-7056</b>
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IN THIS SPACE**

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

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 15, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CHARLAND, LOUIS 4445 SAXON DRIVE NEW SMYRNA BEACH, FL 32169</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT FRYE, DONALD 101 RIVERSIDE DR UNIT 504 NEW SMYRNA BEACH, FL 32168</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P VAN DOREN, HARRY 101 N RIVERSIDE DR #212 NEW SMYRNA BEACH, FL 32168</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D <del>KULON, JOHN</del> McDONALD, CHARLES 103 INLET SHORE DR 25 FAIRWAY CR. NEW SMYRNA BEACH, FL 32168</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALLEN, RAYMOND 1 CEDAR DUNES DR NEW SMYRNA BEACH, FL 32169</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I 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 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 the empowered.

**SIGNATURE: DONALD R. FRYE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Donald R. Frye*  
**Feb 15, 2004** (386) 424-1402  
Date Daytime Phone #