

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90085 035 ****61.25

DOCUMENT # N24639

1. Entity Name

**NEW SMYRNA BEACH SENIOR MEN'S GOLF
ASSOCIATION, INC.**



Principal Place of Business

**NEW SMYRNA BEACH G.C.
1000 WAYNE AVENUE
NEW SMYRNA BEACH FL 32168**

Mailing Address

**NEW SMYRNA BEACH G.C.
1000 WAYNE AVENUE
NEW SMYRNA BEACH FL 32168**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETERSON, SID C., JR.
101 N. RIVERSIDE DR, #504
NEW SMYRNA BEACH, FL 32168-7056**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 **S** ☒ Delete
NAME **CHARLAND, LOUIS**
STREET ADDRESS **4445 SAXON DRIVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **VPT** ☒ Delete
NAME **FRYE, DONALD**
STREET ADDRESS **101 RIVERSIDE DR UNIT 504**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **P** ☒ Delete
NAME **VAN DOREN, HARRY**
STREET ADDRESS **101 N RIVERSIDE DR #212**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **D** ☐ Delete
NAME **MCDONALD, CHARLES**
STREET ADDRESS **25 FAIRWAY CR.**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **D** ☐ Delete
NAME **ALLEN, RAYMOND**
STREET ADDRESS **1 CEDAR DUNES DR**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S IVP** ☒ Change ☐ Addition
NAME **CHARLAND, LOUIS**
STREET ADDRESS **4445 SAXON DRIVE**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

TITLE **P** ☒ Change ☐ Addition
NAME **FRYE, DONALD**
STREET ADDRESS **101 RIVER SIDE DR UNIT 504**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T2VP** ☐ Change ☒ Addition
NAME **VAISSIERE, EDWARD**
STREET ADDRESS **47 FAIRWAY CIR**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

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 like empowered.

SIGNATURE:

EDWARD VAISSIERE, VP

Date

Daytime Phone #

25 FEB 05 386-428-8359