

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90065 031 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

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

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

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, 2007**

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/VP ☐ Delete
NAME CHARLAND, LOUIS
STREET ADDRESS 4445 SAXON DRIVE
CITY-STATE-ZIP NEW SMYRNA BEACH FL 32169

TITLE P ☐ Delete
NAME FRYE, DONALD
STREET ADDRESS 101 RIVERSIDE DR UNIT 504
CITY-STATE-ZIP NEW SMYRNA BEACH FL 32168

TITLE T2VP ☐ Delete
NAME VAISSIERE, EDWARD
STREET ADDRESS 47 FAIRWAY CIR
CITY-STATE-ZIP NEW SMYRNA BEACH FL 32168

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME WILLIAMS, JOHN
STREET ADDRESS 8 EAGLE LN
CITY-STATE-ZIP NEW SMYRNA BEACH FL 32165

TITLE D ☐ Change ☒ Addition
NAME MILLER, RUSS
STREET ADDRESS 7 ANDREA DR
CITY-STATE-ZIP NEW SMYRNA BEACH FL 32168

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

Edward Vaissiere
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

FEB 6, 2007

Daytime Phone #

386-428-8359