

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

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90003 040 ****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.

1st MOORE

CR2E037 (10/07)

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 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

TITLE	S/VP	<input checked="" type="checkbox"/> Delete
NAME	CHARLAND, LOUIS	
STREET ADDRESS	4445 SAXON DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FRYE, DONALD	
STREET ADDRESS	101 RIVERSIDE DR UNIT 504	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	T2VP	<input checked="" type="checkbox"/> Delete
NAME	VAISSIERE, EDWARD	
STREET ADDRESS	47 FAIRWAY CIR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDONALD, CHARLES	
STREET ADDRESS	25 FAIRWAY CR.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, RUSS	
STREET ADDRESS	7 ANDREA DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOHN	
STREET ADDRESS	8 EAGLE LN	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLAND, LOUIS	
STREET ADDRESS	4445 SAXON DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	TVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAISSIERE, EDWARD	
STREET ADDRESS	47 FAIRWAY CIR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GATTO, JOHN	
STREET ADDRESS	408 1/2 FLORIDA AVE.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

EDWARD VAISSIERE FEB 19, 2008

386-428-8359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #