

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24639

FILED
Jan 08, 2009
Secretary of State

Entity Name: NEW SMYRNA BEACH SENIOR MEN'S GOLF ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PETERSON, SID C., JR.
101 N. RIVERSIDE DR, #504
NEW SMYRNA BEACH, FL 321687056 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHARLAND, LOUIS
Address: 4445 SAXON DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TVP () Delete
Name: VAISSIELE, EDWARD
Address: 47 FAIRWAY CIR
City-St-Zip: NEW SMYRNA BCH, FL 32165

Title: S () Delete
Name: BATTO, JOHN
Address: 4081/2 FLORIDA AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D () Delete
Name: MCDONALD, CHARLES
Address: 25 FAIRWAY CR.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D (X) Delete
Name: MILLER, RUSS
Address: 7 ANDREA DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D (X) Delete
Name: WILLIAMS, JOHN
Address: 8 EAGLE LN
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TVP (X) Change () Addition
Name: VAISSIERE, EDWARD
Address: 47 FAIRWAY CIR
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: S (X) Change () Addition
Name: GATTO, JOHN
Address: 4081/2 FLORIDA AVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: E.J.VAISSIERE

TVP

01/08/2009

Electronic Signature of Signing Officer or Director

Date