FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 APR 14 AM 9:17

DOCUMENT # N28770 **(8)**

1. Corporation Name

NEW SMYRNA BEACH MEN'S GOLF ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O SID C. PETERSON JR. 1000 WAYNE AVE. NEW SMYRNA BEACH FL 32168	C/O SID C. PETERSON JR. 1000 WAYNE AVE. NEW SMYRNA BEACH FL 32168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/10/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2910121 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~FARNER, ALAN~~
~~29 FAIRGREEN AVE~~
~~NEW SMYRNA BEACH FL 32168~~

10. Name and Address of New Registered Agent

81 Name: BAKER, W.
82 Street Address (P.O. Box Number is Not Acceptable): 2705 HILL STREET
83: NEW SMYRNA BEACH, FL 32168
84 City: NEW SMYRNA BEACH FL 85 Zip Code: 32168

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Arthur Martin W E Baker PRES 2/23/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	1.1 TITLE	D	☒ Change ☐ Addition
NAME	MANGINI, J	1.2 NAME	THOMAS DEVER	
STREET ADDRESS	2120 VILLA WAY	1.3 STREET ADDRESS	765 MISSION ROAD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	1.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	~~P~~	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	~~FARNER, ALAN~~	2.2 NAME	WAYNE JEFFERY	
STREET ADDRESS	~~29 FAIRGREEN AVE~~	2.3 STREET ADDRESS	701 GREEN ROAD	
CITY-ST-ZIP	~~NEW SMYRNA BEACH FL~~	2.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	~~D~~	3.1 TITLE	S	☒ Change ☐ Addition
NAME	~~ZWICKER, GORDON~~	3.2 NAME	ARTHUR MARTIN	
STREET ADDRESS	~~407 LA COQUINA DR.~~	3.3 STREET ADDRESS	515 CURLEW CIRCLE	
CITY-ST-ZIP	~~EDGEWATER FL~~	3.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	~~D~~	4.1 TITLE	D	☒ Change ☐ Addition
NAME	~~HAMILTON, LEONARD~~	4.2 NAME	WALTER MILEWSKI	
STREET ADDRESS	~~702 TEE CIRCLE~~	4.3 STREET ADDRESS	715 WAYNE AVENUE	
CITY-ST-ZIP	~~NEW SMYRNA BEACH FL~~	4.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	P	5.1 TITLE	VP	☒ Change ☐ Addition
NAME	BAKER, W.	5.2 NAME	ED VAISSIERE	
STREET ADDRESS	2705 HILL STREET	5.3 STREET ADDRESS	41 FAIRWAY DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	5.4 CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	~~D~~	6.1 TITLE		☐ Change ☐ Addition
NAME	~~JUGIOK, CONRAD~~	6.2 NAME		
STREET ADDRESS	~~1 FORE DR~~	6.3 STREET ADDRESS		
CITY-ST-ZIP	~~NEW SMYRNA BEACH FL~~	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arthur Martin ARTHUR MARTIN (SECRETARY) FEB. 23, 1995 (904) 426-8808
SIGNATURE AND (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

0024137