

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

3. Date Incorporated or Qualified

10/10/1988

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, W.  
2705 HILL STREET  
NEW SMYRNA BEACH FL 32168

81 Name

MARTIN, ARTHUR

82 Street Address (P.O. Box Number is Not Acceptable)

515 CURLEW CIRCLE

83

NEW SMYRNA BEACH 32168

84 City

NEW SMYRNA BEACH FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Arthur Martin*

PRESIDENT

4/25/96

Signature, typed or printed name of registered agent and board member (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 ☒ DELETE  
NAME DEVER, THOMAS  
STREET ADDRESS 765 MISSION ROAD  
CITY-ST-ZIP NEW SMYRNA BEACH FL

1.1 TITLE SECRETARY ☐ Change ☒ Addition  
1.2 NAME PETER J. GALLAS  
1.3 STREET ADDRESS 729 GREEN ROAD  
1.4 CITY-ST-ZIP NEW SMYRNA BEACH, FLA 32168

TITLE TD ☐ DELETE  
NAME JEFFERY, WAYNE  
STREET ADDRESS 701 GREEN ROAD  
CITY-ST-ZIP NEW SMYRNA BEACH FL

2.1 TITLE DIRECTOR ☐ Change ☐ Addition  
2.2 NAME ROBERT  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME MARTIN, ARTHUR  
STREET ADDRESS 515 CURLEW CIRCLE  
CITY-ST-ZIP NEW SMYRNA BEACH FL

3.1 TITLE PRESIDENT ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE  
NAME MILEWSKI, WALTER  
STREET ADDRESS 715 WAYNE AVENUE  
CITY-ST-ZIP NEW SMYRNA BEACH FL

4.1 TITLE DIRECTOR ☐ Change ☒ Addition  
4.2 NAME ROBERT GARRON  
4.3 STREET ADDRESS 3100 S ATLANTIC AVE  
4.4 CITY-ST-ZIP NEW SMYRNA BEACH 32169

TITLE VD ☒ DELETE  
NAME VAISSIERE, ED  
STREET ADDRESS 41 FAIRWAY DRIVE  
CITY-ST-ZIP NEW SMYRNA BEACH FL

5.1 TITLE DIRECTOR ☐ Change ☒ Addition  
5.2 NAME JOHN MANGIOWI  
5.3 STREET ADDRESS 2120 VILLA WAY  
5.4 CITY-ST-ZIP NEW SMYRNA BEACH 32169

TITLE DIRECTOR ADDITION ☒ DELETE  
NAME ROBERT CHAPIN  
STREET ADDRESS 2825 BROOKLINE AVE  
CITY-ST-ZIP NEW SMYRNA BEACH 32168

6.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition  
6.2 NAME RICHARD TRUPO  
6.3 STREET ADDRESS 115 LAGOON COURT  
6.4 CITY-ST-ZIP NEW SMYRNA BEACH 32169

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)(k), 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:

*Peter J. Gallas* SECRETARY

4/25/96

904-427-8331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)