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Mar 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32168-8120

3. Date Incorporated or Qualified
10/10/1988

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 SAME
Suite, Apt. #, etc.

26 SAME
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip 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

MARTIN, ARTHUR
515 CURLEW CIRCLE
NEW SMYRNA BEACH FL 32168

10. Name and Address of New Registered Agent

81 Name

ROBERT GARROW

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

3700 SO. ATLANTIC AVE

83

84 City

NEW SMYRNA BEACH FL

85 Zip Code

32169

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: ROBERT GARROW PRESIDENT

(NOTE: Registered Agent signature required when re-stating)

DATE: 2/28/97

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	PETER J. GALLAS	
STREET ADDRESS	729 GREEN ROAD	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JEFFERY, WAYNE	
STREET ADDRESS	701 GREEN ROAD	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MARTIN, ARTHUR	
STREET ADDRESS	515 CURLEW CIRCLE	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERT GARROW	
STREET ADDRESS	3700 S ATLANTIC AVE	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHN MANGIONI	
STREET ADDRESS	2120 VILLA WAY	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RICHARD TRUDO	
STREET ADDRESS	115 LAGOON COURT	
CITY - ST - ZIP	NEW SMYRNA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FRANK ROGNIG
5.3 STREET ADDRESS	3 TRAR CIRCLE
5.4 CITY - ST - ZIP	NEW SMYRNA BEACH, FL
6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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: PETER J GALLAS SECRETARY

DATE: 2/28/97 70A427-8331

CR2E037 (9/96)