


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N28770** (8)  
1. Corporation Name  
**NEW SMYRNA BEACH MEN'S GOLF ASSOCIATION, INC.**



Principal Place of Business <b>C/O SID C. PETERSON JR. 1000 WAYNE AVE. NEW SMYRNA BEACH FL 32168</b>		Mailing Address <b>C/O SID C. PETERSON JR. 1000 WAYNE AVE. NEW SMYRNA BEACH FL 32168</b>		3. Date Incorporated or Qualified <b>10/10/1988</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26</b> Suite, Apt. #, etc.		4. FEI Number <b>59-2910121</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GARROW, ROBERT 3700 S ATLANTIC AVE NEW SMYRNA BCH FL 32169</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S PETER J. GALLAS</b>	1.2 NAME	
STREET ADDRESS	<b>729 GREEN ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD JEFFERY, WAYNE</b>	2.2 NAME	
STREET ADDRESS	<b>701 GREEN ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MARTIN, ARTHUR</b>	3.2 NAME	
STREET ADDRESS	<b>515 CURLEW CIRCLE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P ROBERT GARROW</b>	4.2 NAME	<b>PRESIDENT</b>
STREET ADDRESS	<b>3700 S ATLANTIC AVE</b>	4.3 STREET ADDRESS	<b>ROBERT CILAPIN</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	4.4 CITY-ST-ZIP	<b>7825 BROOKLINE AVE</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D KOENIG, FEGD</b>	5.2 NAME	
STREET ADDRESS	<b>3 TRAR CIRCLE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW SMYRNA BCH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D RICHARD TRUDO</b>	6.2 NAME	<b>DELGATE</b>
STREET ADDRESS	<b>115 LAGOON COURT</b>	6.3 STREET ADDRESS	<b>ROBERT GARROW</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	6.4 CITY-ST-ZIP	<b>3700 S ATLANTIC AVE</b>

14. I 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: 

CR2E037 (10/97)