


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90198 050 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N28770**

1. Corporation Name

**NEW SMYRNA BEACH MEN'S GOLF ASSOCIATION, INC.**

Principal Place of Business

C/O SID C. PETERSON JR.  
1000 WAYNE AVE.  
NEW SMYRNA BEACH FL 32168

Mailing Address

C/O SID C. PETERSON JR.  
1000 WAYNE AVE.  
NEW SMYRNA BEACH FL 32168

433869 - 90198 - 50



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/10/1988 4. FEI Number 59-2910121 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

**GARROW, ROBERT**  
3700 S ATLANTIC AVE  
NEW SMYRNA BCH FL 32169

10. Name and Address of New Registered Agent

81 Name **PETER J. GALLAS**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**115 LAGOON COURT**  
83 **729 GREEN ROAD**  
84 City **NEW SMYRNA BEACH** FL 85 Zip Code **32168**

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

*Peter J. Gallas*  
Signature, typed or printed name of registered agent and title if applicable.

**SECRETARY**

(NO FEE: Registered Agent signature required when reinstating)

DATE

**APRIL 25, 1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>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	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>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	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARTIN, ARTHUR</b>	3.2 NAME	<b>TROY THOMAS</b>
STREET ADDRESS	<b>515 CURLEW CIRCLE</b>	3.3 STREET ADDRESS	<b>908 E. 2ND AVE</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	3.4 CITY-ST-ZIP	<b>NEW SMYRNA BEACH, FL 32168</b>
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARROW, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>3700 S ATLANTIC AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW SMYRNA BCH FL 32169</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOGNIG, FERG</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	D <input type="checkbox"/> DELETE	6.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICHARD TRUDO</b>	6.2 NAME	
STREET ADDRESS	<b>115 LAGOON COURT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL</b>	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

*Peter J. Gallas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/99**  
Date

**904-427-8371**  
Daytime Phone #

CR2E037 (11/98)