

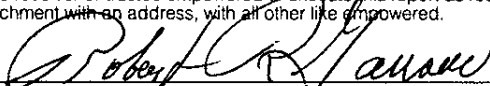


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90017 011 ****61.25

DOCUMENT # N28770 1. Entity Name NEW SMYRNA BEACH MEN'S GOLF ASSOCIATION, INC.					
Principal Place of Business C/O ROBERT R GARROW 1000 WAYNE AVE. NEW SMYRNA BEACH FL 32168				Mailing Address C/O ROBERT R GARROW 1000 WAYNE AVE. NEW SMYRNA BEACH FL 32168	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2910121	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARROW, ROBERT R 3700 S ATLANTIC AV 415 NEW SMYRNA BCH FL 32168				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  ROBERT R. GARROW Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KERNIER, LEO		NAME	TRUDD, RICHARD	
STREET ADDRESS	83 LAKE FAIRGREEN CIRCLE		STREET ADDRESS	204 ROBINSON ROAD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAPIN, ROBERT		NAME	KERNICA, LEO	
STREET ADDRESS	2825 BROOKLINE AVE		STREET ADDRESS	83 LAKE FAIRGREEN CIR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MC ELASKEY, ANTHONY		NAME	MC CLOSKEY, ANTHONY	
STREET ADDRESS	102 PAR DR		STREET ADDRESS	102 PAR DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARROW, ROBERT		NAME	GARROW, ROBERT	
STREET ADDRESS	3700 S ATLANTIC AVE AT 406		STREET ADDRESS	3700 S. ATLANTIC AVE, APT 416	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169		CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREDO, RICHARD		NAME	CHAPIN ROBERT	
STREET ADDRESS	204 ROBINSON RD		STREET ADDRESS	2825 BROOKLINE AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169		CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			02/12/04		386-428-5179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #