2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State
04-13-2005 90029 006 ****61.25

DOCUMENT # N28770

1. Entity Name
NEW SMYRNA BEACH MEN'S GOLF ASSOCIATION, INC.

Principal Place of Business	Mailing Address
c/o RICHARD TRUDO 1000 WAYNE AVE. NEW SMYRNA BEACH, FL 32168	c/o RICHARD TRUDO 1000 WAYNE AVE. NEW SMYRNA BEACH, FL 32168

2. Principal Place of Business	3. Mailing Address
NEW SMYRNA BCH. MUNICIPAL GOLF COURSE	NEW SMYRNA MUNICIPAL GOLF COURSE
Suite, Apt. #, etc.: 1000 WAYNE AVE	Suite, Apt. #, etc.: 1000 WAYNE AVE
City & State: NEW SMYRNA BEACH, FL.	City & State: NEW SMYRNA BEACH, FL.
Zip: 32168 Country: VOLUSIA	Zip: 32168 Country: VOLUSIA

06032005 Chg-NP CR2E037 (10/03)

4. FEI Number: 59-2910121 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICHARD TRUDO 708 PINE SHORE CIRCLE NEW SMYRNA BCH, FL 32168	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.

X SIGNATURE: Richard Trudo Treasurer 6-3-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P TRUDO, RICHARD 204 ROBINSON RD. NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER D. TRUDO, RICHARD 708 PINESHORE CIRCLE NEW SMYRNA BCH. FL. 32168	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KERNICA, LEO 83 LAKE FAIRGREEN CIR. NEW SMYRNA BEACH, FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD. LEO KERNICA 83 LAKE FAIRGREEN CIR. NEW SMYRNA BEACH, FL. 32168	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCCLOSKY, ANTHONY 102 PAR DRIVE. NEW SMYRNA BEACH, FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S.D. McCLOSKY, ANTHONY 102 PAR DRIVE NEW SMYRNA BEACH, FL. 32168	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GARROW, ROBERT 3700 S ATLANTIC AVE., APT. 416 NEW SMYRNA BEACH, FL 32169	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAPIN, ROBERT 2825 BROOKLINE AVE. NEW SMYRNA BEACH, FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD. CHAPIN, ROBERT 2825 BROOKLINE AVE. NEW SMYRNA BEACH, FL. 32168	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TOURNAMENT DIR. D. PEARCE, MORLEY 653 MIDDLEBURY LOOP NEW SMYRNA BEACH, FL. 32168	☐ Change ☐ Addition

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: Leo Kernica, PRESIDENT 6-3-05 386-427-5801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

4/13/2005-90029-006-$61.25-$61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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660272716

DOCUMENT # N28770

1. Entity Name
NEW SMYRNA BEACH MEN'S GOLF ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~C/O ROBERT R GARROW~~ NSB-MGA INC ~~1000 WAYNE AVE.~~ NEW SMYRNA BEACH, FL 32168	~~C/O ROBERT R GARROW~~ TREASURER 1000 WAYNE AVE. NEW SMYRNA BEACH, FL 32168

[redacted]

2. Principal Place of Business	3. Mailing Address
Street Address: 1000 WAYNE AVE	Suite, Apt. #, etc.
City & State: NEW SMYRNA Bch, FL.	City & State
Zip: 32168 Country: VOLUSIA	Zip Country

04082005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2910121 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~GARROW, ROBERT R~~ 3700 S ATLANTIC AV 415 NEW SMYRNA BCH, FL 32169	Name Street Address (P.O. Box number is Not Acceptable) 1000 WAYNE AVE Attn TREASURER City NEW SMYRNA BEACH FL Zip Code 32168

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 X
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P TRUDO, RICHARD 204 ROBINSON RD. NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER TRUDO, Richard 708 Pine Shores Circle New Smyrna Beach FL 32168 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KERNICA, LEO 83 LAKE FAIRGREEN CIR. NEW SMYRNA BEACH, FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT Leo Kernica 83 LAKE FAIRGREEN CIR NEW SMYRNA BCH FL 32168 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCCLOSKY, ANTHONY 102 PAR DRIVE. NEW SMYRNA BEACH, FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY Anthony McCloskey ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GARROW, ROBERT 3700 S ATLANTIC AVE., APT. 416 NEW SMYRNA BEACH, FL 32169	~~☐ Delete~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAPIN, ROBERT 2825 BROOKLINE AVE. NEW SMYRNA BEACH, FL 32168	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT Robert W. Chapin 2825 BROOKLINE AVE NEW SMYRNA BCH, FL. 32168 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TOURNAMENT DIRECTOR PEARCE, Morley 653 Millsborough New Smyrna Beach FL 32168 ☐ Change ☑ Addition

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.

4-9-05 386-427-5801

SIGNATURE: Leo Kernica Richard Trudo 4.8.05 386 426 0012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SEE ATTACHMENT