

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90036 002 \*\*\*\*61.25

<b>DOCUMENT # N28770</b> 1. Entity Name <b>NEW SMYRNA BEACH MEN'S GOLF ASSOCIATION, INC.</b>					
Principal Place of Business <b>NEW SMYRNA BEACH MUNI GOLF COURSE 1000 WAYNE AVENUE NEW SMYRNA BEACH, FL 32168 US</b>			Mailing Address <b>NEW SMYRNA BEACH MUNI GOLF COURSE 1000 WAYNE AVENUE NEW SMYRNA BEACH, FL 32168 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
4. FEI Number <b>59-2910121</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KERNICA, LEO T 83 LAKE FAIRGREEN CIRCLE NEW SMYRNA BCH, FL 32168</b>			7. Name and Address of New Registered Agent Name <b>ROSKY, GERALD</b> Street Address (P.O. Box Number is Not Acceptable) <b>2715 TURNBULL ESTATES DR.</b> City <b>NEW SMYRNA BEACH</b> FL    Zip Code <b>32168</b>		
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. <b>GERALD ROSKY</b> SIGNATURE: <b>Sec./DIRECTOR</b> DATE <b>4/15/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CHAPIN, ROBERT</b> <b>2825 BROOKLINE AVENUE</b> <b>NEW SMYRNA BEACH, FL 32168</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <b>WALTER PETERSON</b> <b>2700 N. PENINSULA AVE.</b> <b>NEW SMYRNA BEACH, FL 32168</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>KERNICA, LEO</b> <b>83 LAKE FAIRGREEN CIRCLE</b> <b>NEW SMYRNA BEACH, FL 32168</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/D</b> <b>GERALD ROSKY</b> <b>2715 TURNBULL ESTATES DR.</b> <b>NEW SMYRNA BEACH, FL 32168</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PEARCE, MORLEY</b> <b>653 MIDDLEBURY LOOP</b> <b>NEW SMYRNA BEACH, FL 32168</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/D</b> 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MILLS, RICHARD</b> <b>.8 BOGIE CIRCLE</b> <b>NEW SMYRNA BARCH, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MICHAEL BOHAN</b> <b>2529 PINE TREE DR.</b> <b>EDGEWATER, FL 32141</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEVER, TRAVOUS</b> <b>756 OLD MISSION ROAD</b> <b>NEW SMYRNA BEACH, FL 32168</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>1212 MAGNOLIA ST.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CRAIG ADAMS</b> <b>1113 TURNBULL ST</b> <b>NEW SMYRNA BEACH, FL 32168</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>GERALD ROSKY</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>4/15/07</b> <b>386-427-2851</b> <small>Date                      Daytime Phone #</small>	