2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# N28770

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

Current Principal Place of Business:

NEW SMYRNA BEACH MUNI GOLF COURSE
1000 WAYNE AVENUE
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

NEW SMYRNA BEACH MUNI GOLF COURSE
1000 WAYNE AVENUE
NEW SMYRNA BEACH, FL 32168 US

New Mailing Address:

FEI Number: 59-2910121 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOHAN, MICHAEL
2529 PINE TREE DR.
EDGEWATER, FL 32141 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T/D	( ) Delete
Name:	PETERSON, WALTER	
Address:	2700 W. PENINSULA AVE.	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168 US	
Title:	S/D	( ) Delete
Name:	BOHAN, MICHAEL	
Address:	2529 PINE TREE DR.	
City-St-Zip:	EDGEWATED, FL 32141 US	
Title:	D	( ) Delete
Name:	HOFFMAN, JAYSON	
Address:	104 HESTOR AVE	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168 US	
Title:	D	( ) Delete
Name:	KING, LOYD	
Address:	1411 N. ATLANTIC AVE.	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169 US	
Title:	PD	( ) Delete
Name:	DEVER, TRAVOUS	
Address:	1212 MAGNOLIA ST.	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BAKER, WALLACE	
Address:	2613 TURNBULL ESTATES DR.	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	PD	(X) Change ( ) Addition
Name:	MCDONALD, CHARLES SR	
Address:	25 FAIRWAY CIRCLE	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168 US	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BOHAN S/D 03/31/2009

Electronic Signature of Signing Officer or Director — Date