## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N28770**

1. Entity Name

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



FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90071 009 \*\*\*\*61.25

					THE						
Principal Plac	e of Business	Mailing Address	Mailing Address								
C/O ROBERT R GARROW 1000 WAYNE AVE. NEW SMYRNA BEACH FL 32168		1000 WAYNE AVE.	C/O ROBERT R GARROW 1000 WAYNE AVE. NEW SMYRNA BEACH FL 32168				1881 JUNIA 1830) 1880) BÜN GIBN BI	0(0 <b>110</b> (2 01 <b>0</b> 2) <b>0</b>	1811 <b>2</b> 1816 2881		
2. Principal Place of Business		3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stat	е	City & State	City & State			4. FEI Number 59-2910121			oplied For ot Applicable	1	
Zip	Country	Zip	Cou	intry	5. Certificate c		Status Desired Status Desired Fee Require				
6. Name and Address of Current Registered Agent						7. Name and Add	ress of New Registered	Agent		1	
ALDAM DARWIT D				_Name_			<del></del>	<del> </del>		-	
GARROW, ROBERT R 3700 S ATLANTIC AV 415 NEW SMYRNA BCH FL 32168				Street Address (P.O. Box Number is Not Acceptable)						}	
MEM 2W	INNA DON FL 32100			City			FL	Zip Cod	le		
	named entity submits this statementions of registered agent.	for the purpose of changing it	s register	ed office or	r register	ed agent, or both, in	the State of Florida. Tam	familiar with,	and accept		
ن مين	( ) !! !!	/arrair	)								
SIGNATURE .	Conature, typed or printed name of registered ag			d Agent signat	ure required	when reinstating)	DATE			{	
									يستبيه وينيت	=	
FILE NOW: FEE IS \$61.25			ampaign F Contributi	-		\$5.00 May Be Added to Fees	Make Checi Florida Depar	•			
10. OFFICERS AND DIRECTORS			11.	<del> </del>		ADDITIONS/CHANG	ES TO OFFICERS AND DII	RECTORS IN	I 10	1	
TITLE	D 114,		TITLE		Ε		Change	Addition	8		
NAME	KERNIER, LEO		NAM	_						CR2E037 (10/02)	
STREET ADDRESS CITY-ST-ZIP	83.LAKE FAIRGREEN CIRCLE NEW SMYRNA BEACH FL 32168		and the second	ET ADDRESS - ST- ZIP						037	
TITLE	P	<b>56</b> Delete	TITL		00			Change	Addition	32E	
NAME	OVERSTREET, CARL	Delete	NAM	E .	SD	PIN ROBE	RT	L_ Change	Addition	ರ	
STREET ADDRESS				ET ADDRESS	28	IPIN, ROBE 25 BROOKL	INE AVE				
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		CITY	-ST-ZIP	N.Z.U	U SMYRNA	BEACH, FL 32	168			
TITLE	VPD	🔀 Delete	TITLE		P			🔀 Change	☐ Addition		
NAME	MCCLOSKY, ANTHONY		NAM			LOSKEY, ANT					
STREET ADDRESS CITY-ST-ZIP	102 PAR DR   NEW SMYRNA BEACH FL 321	68		ET ADDRESS - ST-ZIP		PAR DRIVE	e Each, Fl <i>321</i> 6	o			
TITLE	SD .	<b>⊠</b> Delete	TITLE		TO	S JIII P	EINCH, 12 3216	<b>z</b> <b>∑</b> i Change	☐ Addition	ĺ	
NAME	GARROW, ROBERT R	UES DECE	NAM			ROW, ROBER	TR	and sindings		İ	
STREET ADDRESS	3700 S ATLANTIC AV A4156		STRE	ET ADDRESS	370	O S. ATLAI	YTIC AVE APT				
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169		CITY	-ST-ZIP	NEU	SMYRNA I	BEACH, FL 321	69		l	
TITLE	TD	Delete	TITLE		VPD			Change	Addition		
NAME	TRUDO, RICHARD		NAM		TRU	DO, RICHA	RD				
STREET ADDRESS CITY-ST-ZIP	1 201 110211110			et address   -st-zip	204	204 RORINSON RD NEWSMYRN <i>A BEACH, FL 3216</i> 9		169		l	
	NEW SMIRMA BEAUTIFL 321				NEL	W Z IU Z K W H	DEITCH PL 34		Malatan	i	
TITLE NAME		☐ Delete	TITLE	i				☐ Change	☐ Addition	1	
STREET ADDRESS				ET ADDRESS						l	
CITY-ST-ZIP				-ST-ZIP						l	
	<del></del>									i	

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:

1/2

(386) 428-5179