

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N96000004730 (5)**

1. Corporation Name

**NEW SMYRNA BEACH HOTEL AND MOTEL ASSOCIATION, IN
C.**

Principal Place of Business

Mailing Address

**115 CANAL STREET
NEW SMYRNA BEACH FL 32168**

**115 CANAL STREET
NEW SMYRNA BEACH FL 32168-7003**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/13/1996		3a. Date of Last Report	
21 21		26 P.O. Box 2256		4. FEI Number N/A		Applied For <input checked="" type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 N.S.B. 32170		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRUMER, BARRY N ESO
101 YELKCA TERRACE
SUITE B
EDGEWATER FL 32132**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

DAVID MCBRIDE - Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIS, MARTIN	1.2 NAME	
STREET ADDRESS	1401 S. ATLANTIC AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	1.4 CITY-ST-ZIP	
TITLE	VCD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBY, EDWARD	2.2 NAME	
STREET ADDRESS	1210 S. RIVERSIDE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	2.4 CITY-ST-ZIP	
TITLE	SD WOLSELT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLSELT, PEGGY B.	3.2 NAME	
STREET ADDRESS	115 WASHINGTON STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCBRIDE, DAVID	4.2 NAME	
STREET ADDRESS	421 S. ATLANTIC AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PADGETT, JEAN R	5.2 NAME	
STREET ADDRESS	425 S. ATLANTIC AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DAVID MCBRIDE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/23/97

Daytime Phone

**804
423-8400**

CR2E037 (9/96)