

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010471

FILED  
Apr 13, 2011  
Secretary of State

**Entity Name:** NAVARRE GARDEN CLUB, INC.

**Current Principal Place of Business:**

8825 WAYNELL CT.  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5606  
NAVARRE, FL 32566

**New Mailing Address:**

**FEI Number:** 65-1190364

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, LYNN  
8825 WAYNELL CT.  
NAVARRE, FL 32566 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: P  
Name: JOHNSON, SHARON  
Address: 8673 EL PASEO STREET  
City-St-Zip: NAVARRE, FL 32566

Title: V1  
Name: EISELE, GINGER  
Address: 7909 SKYVIEW  
City-St-Zip: NAVARRE, FL 32566

Title: V2  
Name: GRISSOM, FRAN  
Address: 7861 SLEEPY BAY BLVD  
City-St-Zip: NAVARRE, FL 32566

Title: T  
Name: WILSON, LYNN  
Address: 8825 WAYNELL CT.  
City-St-Zip: NAVARRE, FL 32566

Title: S  
Name: VOLMERT, JODI  
Address: 8800 SAND PINE DRIVE  
City-St-Zip: NAVARRE, FL 32566

I hereby 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 all other like empowered.

SIGNATURE: LYNN WILSON

T

04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date