

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F28772

Entity Name: AMERICAN REALTY OF NORTHWEST FLORIDA, INC.**Current Principal Place of Business:**4 9TH AVENUE SUITE E
SHALIMAR, FL 32579**Current Mailing Address:**4 9TH AVENUE SUITE E
SHALIMAR, FL 32579 US**FEI Number:** 59-2087359**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FRAZIER, GLORIA K
4 9TH AVENUE SUITE E
SHALIMAR, FL 32579 US*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

Officer/Director Detail :

Title	P
Name	FRAZIER, GLORIA K
Address	11 GRANDVIEW DR.
City-State-Zip:	SHALIMAR FL 32579

Title	VP
Name	HUGHES, DAWN
Address	60 2ND STREET SUITE A
City-State-Zip:	SHALIMAR FL 32579

Title	VP
Name	WILLIAMS, PATRICIA
Address	60 2ND STREET SUITE A
City-State-Zip:	SHALIMAR FL 32579

Title	VP
Name	DESGRANGES, RAMONA
Address	60 2ND STREET SUITE A
City-State-Zip:	SHALIMAR FL 32579

Title	VP
Name	WILHELM, KATHLEEN S
Address	60 2ND STREET SUITE A
City-State-Zip:	SHALIMAR FL 32579

Title	VP
Name	FRAKES, LUCINDA J
Address	60 2ND STREET SUITE A
City-State-Zip:	SHALIMAR FL 32579

Title	VP
Name	SHERMAN, PAULA
Address	60 2ND STREET SUITE A
City-State-Zip:	SHALIMAR FL 32579

Title	VP
Name	SEGRAVES, NIKKI
Address	60 2ND STREET SUITE A
City-State-Zip:	SHALIMAR FL 32579

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GLORIA K. FRAZIER

P

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name JORDAN, BRANDON
Address 60 2ND STREET
SUITE A
City-State-Zip: SHALIMAR FL 32579

Title VP
Name BEAM, KATHLEEN W
Address 34 SHALIMAR DRIVE
City-State-Zip: SHALIMAR FL 32579

Title VP
Name DONAVIN-SMITH, KATHLEEN
Address 60 2ND STREET
SUITE A
City-State-Zip: SHALIMAR FL 32579

Title VP
Name HAMRICK, DONALD C
Address 61 LAKE LORRAINE CIRCLE
City-State-Zip: SHALIMAR FL 32579