## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 216027** 

Entity Name: NAVAJO GROVES INC

Feb 11, 2012 Secretary of State

Current Principal Place of Business:	<b>New Principal Place of Business:</b>
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NAVAJO GROVES, INC. 2718 PLACID AVE FORT PIERCE, FL 34982

**New Mailing Address: Current Mailing Address:** 

NAVAJO GROVES, INC. 2718 PLACID AVE FORT PIERCE, FL 34982

FEI Number: 59-6066807 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WOLF, WILLIAM L STD 2718 PLACID AVE

FORT PIERCE, FL 34982 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

## **OFFICERS AND DIRECTORS:**

Title:

NOELKE, MARGARET S Name: 1300 HARTMAN RD. Address: City-St-Zip: FORT PIERCE, FL

Title: PD

FORGET, LOUIS C Name: Address: 7887 OKEECHOBEE RD. City-St-Zip: FORT PIERCE, FL

Title: STD

WOLF, WILLIAM L Name: 2718 PLACID AVE Address: City-St-Zip: FORT PIERCE, FL 34982

Title: **VPD** 

DRISCOLL, DOROTHY G. Name: Address: 1011 GRANDVIEW BLVD.

City-St-Zip: FORT PIERCE, FL

Title:

Name: ARNOLD, JULI

Address: 7101 INDIAN RIVER DRIVE

City-St-Zip: FORT PIERCE, FL

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: WILLIAM L. WOLF STD 02/11/2012