FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **364899** **(5)**

1. Corporate Name
NAVARRE BEACH DEVELOPMENT CORPORATION, INC.

Principal Place of Business
P O BOX 165
MARY ESTHER FL 32549

Mailing Address
P O BOX 165
MARY ESTHER FL 32549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1972
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
Suite, Apt. # or Rm
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. # or Rm
27
City & State
28
Zip
29
County
30

4. FEI Number: 59-1399312 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032 Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MCCARTNEY, CLAYTON H
232 CREWILLA DR
FT WALTON BCH FL 32548

10. Name and Address of New Registered Agent
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 Section 607.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The corporation hereby certifies that the address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

SIGNATURE

12. OFFICERS AND DIRECTORS

TYPE	VD
NAME	SCHWERTNER, HAROLD
STREET ADDRESS	RT 2, BOX 378
CITY, ST, ZIP	BALLINGER TX
TYPE	STD
NAME	KEARIN, MARGARET G
STREET ADDRESS	225 YACHT CLUB DR
CITY, ST, ZIP	FT WALTON BCH, FL 00000
TYPE	STD
NAME	KEARIN, MARGARET G
STREET ADDRESS	225 YACHT CLUB DR
CITY, ST, ZIP	FT WALTON BCH, FL 00000
TYPE	PD
NAME	MCCARTNEY, CLAYTON
STREET ADDRESS	232 CREWILLA DR
CITY, ST, ZIP	FT WALTON BCH, FL 00000
TYPE	D
NAME	LICHT, JOHN
STREET ADDRESS	124 N.W. BENNARR
CITY, ST, ZIP	FT WALTON BCH FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TYPE	☐ Change ☐ Addition	
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE	☒ Change ☐ Addition	DECEASED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE	☒ Change ☐ Addition	DECEASED
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE	☐ Change ☐ Addition	
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE	☐ Change ☐ Addition	
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE	☐ Change ☐ Addition	
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information contained in the annual report of this corporation, and in any attached report, is true and accurate and that the corporation shall have the same liability as a made under oath. That I am an officer or director of the corporation or the agent of the corporation authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of the annual report with an asterisk.

SIGNATURE: [signature] 4/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0470626 FP