


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90028 017 ****61.25

DOCUMENT # 758426

1. Entity Name
NAVARRE TOWERS CONDOMINIUM OWNERS' ASSOCIATION, INC.



Principal Place of Business
 8271 GULF BLVD.
 NAVARRE BEACH, FL 32566

Mailing Address
 8271 GULF BLVD.
 NAVARRE BEACH, FL 32566

40036505



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01052007 Chg-NP CR2E037 (12/06)

City & State
 City & State

Zip Country Zip Country

4. FEI Number
 59-2441954

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DALE E. PETERSON VACATIONS
 321 HWY 9815
 DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SUMMERFORD, RODNEY	
STREET ADDRESS	30579 LAUREL COURT	
CITY-ST-ZIP	DAPHNE, AL 365278681	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COLEY, ROBERT	
STREET ADDRESS	8271 GULF BLVD 404	
CITY-ST-ZIP	GULF BREEZE, FL 32566	
TITLE	P	<input type="checkbox"/> Delete
NAME	KOSHINSKY, JACK	
STREET ADDRESS	PO BOX 6301	
CITY-ST-ZIP	GULF BREEZE, FL 32566	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACCARDO, LYNN	
STREET ADDRESS	1501 DISNEY DRIVE	
CITY-ST-ZIP	METAIRIE, LA 70003	
TITLE	S	<input type="checkbox"/> Delete
NAME	MAYES, CAROLYN	
STREET ADDRESS	8271 GULF BLVD 504	
CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	T	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tim Massey	
STREET ADDRESS	5042 mandawillg Blvd	
CITY-ST-ZIP	Gulf Breeze, Fl. 32563	

RECEIVED
FEB 06 2007
CIU REV/ADM

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carolyn L. Massey 01/19/07 850-939-2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #