




FILED
May 14, 2007 8:00 am
Secretary of State

4/1

04-19-2007 90417 002 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N01000004854		
1. Entity Name NAVARRA ON THE KEY CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 6583 MIDNIGHT PASS ROAD SARASOTA, FL 34242		Mailing Address 3737 SOUTH TUTTLE AVE. SARASOTA, FL 34239
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MANVILLE, CAROL LYNN 3737 SOUTH TUTTLE AVE. SARASOTA, FL 34-2329		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DEFOUR, BRIAN 1006 YORESHIRE ROAD GROSSE POINTE, MI. 48230	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD DOYLE, MICHAEL 6583 MIDNIGHT PASS ROAD SARASOTA, FL 34242	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD FAHEY, NORMA JEAN 6583 MIDNIGHT PASS ROAD SARASOTA, FL 34242	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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:  07/05/2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>