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04-20-1999 90174 032 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N04814**

1. Corporation Name
NAVARRE BEACH BOARD OF REALTORS, INC.

Principal Place of Business	Mailing Address
8851 NAVARRE PKWY NAVARRE FL 32566 US	8851 NAVARRE PKWY NAVARRE FL 32566 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	08/22/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2561916 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ADAMS, DAVID NAVARRE BEACH BOARD OF REALTORS, INC. 8851 NAVARRE PARKWAY NAVARRE FL 32566	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 Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	HARTLEY, BOB		1.2 NAME		
STREET ADDRESS	6940 TOM KING BAYOU RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL 32566		1.4 CITY-ST-ZIP		
TITLE	PED	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	EVANS, BECKY		2.2 NAME		
STREET ADDRESS	1805 ALHAMBRA ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL 32566		2. 4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	PE	☐ Change ☒ Addition
NAME	LAVIGUEUR, ANNE		3.2 NAME	DEASON, JAMES A. (AL)	
STREET ADDRESS	405 KENILWORTH DR		3.3 STREET ADDRESS	8912 OAK HARBOR DR.	
CITY-ST-ZIP	GULF BREEZE FL 3256		3.4. CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE	TD	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	FOUNTAIN, BETTY		4. 2 NAME		
STREET ADDRESS	1901 RUE LA FONTAINE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL 32566		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	T	☒ Change ☐ Addition
NAME	ADAMS, DAVID		5.2 NAME		
STREET ADDRESS	7374 GRAND NAVARE BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE BCH FL 32566		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	DUNCAN, JOHN		6.2 NAME	WILSON, BIRGIT	
STREET ADDRESS	8494 NAVARRE PARKWAY		6.3 STREET ADDRESS	709 FOREST SHORES DR.	
CITY-ST-ZIP	NAVARRE FL 32566		6.4 CITY-ST-ZIP	MARY ESTHER, FL 32569	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED April 15, 1999 850-939-3827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)