2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2005
Secretary of State

DOCUMENT# N04814

Entity Name: NAVARRE AREA BOARD OF REALTORS, INC.

Current Principal Place of Business:

8851 NAVARRE PKWY
NAVARRE, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

8851 NAVARRE PKWY
NAVARRE, FL 32566 US

New Mailing Address:

FEI Number: 59-2561916 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCORMICK, GARY PRES
8851 NAVARRE PKWY
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

TUCKER, MICHELE PRES-EL
8851 NAVARRE PKWY
NAVARRE, FL 32566 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: MICHELE TUCKER 04/17/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S/T ( ) Delete
Name: TUCKER, MICHELE
Address: 7969 SKYVIEW BLVD
City-St-Zip: NAVARRE, FL 32566

Title: PE ( ) Delete
Name: JONES, JOHN
Address: 1675 HWY 98
City-St-Zip: MARY ESTHER, FL 32566

Title: D ( ) Delete
Name: DEASON, AL
Address: 2912 OAK HARBOR DR
City-St-Zip: NAVARRE, FL 32566

Title: P ( ) Delete
Name: MCCORMICK, GARY
Address: 6570 BELLINGHAM STREET
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete
Name: WHITE, BUD
Address: 2968 PGA BLVD
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete
Name: WILLIAMS, MARK
Address: 1455 NAUTILUS DR
City-St-Zip: GULF BREEZE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/E (X) Change ( ) Addition
Name: TUCKER, MICHELE
Address: 7969 SKYVIEW BLVD
City-St-Zip: NAVARRE, FL 32566

Title: PRES (X) Change ( ) Addition
Name: JONES, JOHN
Address: 1675 HWY 98
City-St-Zip: MARY ESTHER, FL 32566

Title: S/T (X) Change ( ) Addition
Name: DEASON, AL
Address: 2912 OAK HARBOR DR
City-St-Zip: NAVARRE, FL 32566

Title: P/PR (X) Change ( ) Addition
Name: MCCORMICK, GARY
Address: 6570 BELLINGHAM STREET
City-St-Zip: NAVARRE, FL 32566

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN JONES PRES 04/17/2005
Electronic Signature of Signing Officer or Director Date