2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Suite, Apt. #, etc.

City & State

FILED Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90388 050 ****61.25

DOCUMENT # N04814	
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US

1. Entity Name

Principal Place of Business

2. Principal Place of Business

8851 NAVARRE PKWY

NAVARRE, FL 32566

Suite, Apt. #, etc.

City & State

NAVARRE AREA BOARD OF REALTORS, INC.

		, , , , , , , , , , , , , , , , , , , ,
DRS, INC.		04-17-2006 903
Mailing Address 8851 NAVARRE PKWY NAVARRE, FL 32566	US	40051775
		1 10 % (17)
3. Mailing Address	·	

04032006 Chg-NP	CR2E0	37 (11/05)
4. FEI Number			Applied For
59-2561916			Not Applicable
5. Certificate of Status Desired		\$8.75 A Fee Requi	
Name and Address of New R	egistered	Agent	

Zip Country Country 6. Name and Address of Current Registered Agent TUCKER, MICHELE PRES-EL 8851 NAVARRE PKWY Street Address (P.O. Box Number is Not Acceptable) NAVARRE, FL 32566 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be \Box Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE P/E Delete TITLE PRESIDENT Change ■ Addition TUCKER, MICHELE NAME NAME Turker MICHERE STREET ADDRESS 7969 SKYVIEW BLVD STREET ADDRESS 2742 NOAH JORDAN ROAD CITY-ST-ZIP NAVARRE, FL 32566 F1. CITY-ST-ZIP NAVARRE 32566 **PRES** TITLE Delete TITLE Ple Addition ☐ Change JONES, JOHN POGERT NAME HARTLEY NAME 6794 TOM KING BAYOU ROAD STREET ADDRESS 1675 HWY 98 STREET ADDRESS MARY ESTHER, FL 32566 F1. 32566 CITY-ST-ZIP CITY-ST-ZIP NAVARRE $\overline{\circ}$ TITLE S/T ☐ Delete TITLE Change ☐ Addition DEASON, AL JOHN JONES NAME NAME STREET ADDRESS 2912 OAK HARBOR DR STREET ADDRESS 1675 HICHWAY 101 TIAN 48P CITY-ST-ZIP NAVARRE, FL 32566 CITY-ST-ZIP MARY EZTHERZ 32569 FI TITLE Addition Delete TITLE ☐ Change O MCCORMICK, GARY NAME NAME FFEWERFYN 6455 HERONWALK DR STREET ADDRESS 6570 BELLINGHAM STREET STREET ADDRESS CULF BRECZE 32563 CITY-ST-ZIP NAVÄRRE, FL 32566 CITY-ST-ZIP TL Delete $\overline{\mathbb{Q}}$ TITLE TITLE Change **⊠**Addition WHITE, BUD ANN HELMS NAME NAME SHEARWATER DRIVE **2936** STREET ADDRESS 2968 PGA BLVD STREET ADDRESS CITY-ST-ZIP NAVARRE, FL 32566 NAVARRE 32566 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition WILLIAMS, MARK PETERSEN NAME Dune STREET ADDRESS 1455 NAUTILUS DR SUMMIT STREET ADDRESS 7060 GULF BREEZE, FL 32566 FL 32566 CITY-ST-7/P NAVARRE 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 empty well 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: _

SIGNATURE AND TYPED OR PROTED NAME OF SIGNING OFFICER OR DIRECTOR

, ..., , ...,

PAMERA EVANS

1805 Alhambre, Street

Navarre Fi 32566

NOH814 Addition 40051775

ATTACHMENT

1

Tara Capron 8522 Quit Blud #HH Wavarre Fl. 32566

Addition.