2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04814

FILED Mar 14, 2008 Secretary of State

Entity Name: NAVARRE AREA BOARD OF REALTORS, INC.

Current Principal Place of Business: New Principal Place of Business:

8851 NAVARRE PKWY 1917 NAVARRE SCHOOL ROAD NAVARRE, FL 32566 US NAVARRE, FL 32566 US

Current Mailing Address: New Mailing Address:

8851 NAVARRE PKWY PO BOX 5429

NAVARRE, FL 32566 US NAVARRE, FL 32566 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TUCKER, MICHELE PRES-EL

8851 NAVARRE PKWY

NAVARRE, FL 32566 US

LYNCHARD, LANE
1901 ANDORRA STREET
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: LANE LYNCHARD 03/14/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: D (X) Change () Addition Name: TUCKER, MICHELE Name: TUCKER, MICHELE

 Address:
 2742 NOAH JORDAN RD
 Address:
 2742 NOAH JORDAN RD

 City-St-Zip:
 NAVARRE, FL 32566
 City-St-Zip:
 NAVARRE, FL 32566

Title: D () Delete Title: VP (X) Change () Addition

 Name:
 JONES, JOHN
 Name:
 SIMPSON, MICHAEL

 Address:
 1675 HWY 98 W, UNIT 101
 Address:
 2490 PARTRIDGE DRIVE

 City-St-Zip:
 MARY ESTHER, FL 32569
 City-St-Zip:
 NAVARRE, FL 32569

 $\label{eq:title:power} \mbox{Title:} \qquad \mbox{VP} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{P} \qquad \mbox{(X) Change () Addition}$

 Name:
 CAPRON, TARA
 Name:
 CAPRON, TARA

 Address:
 8522 GULF BLVD #44
 Address:
 8522 GULF BLVD #44

 City-St-Zip:
 NAVARRE, FL 32566
 City-St-Zip:
 NAVARRE, FL 32566

 Name:
 DEASON, JAMES ALI
 Name:
 DEASON, JAMES AL

 Address:
 2912 OAK HARBOR DRIVE
 Address:
 2912 OAK HARBOR DRIVE

 City-St-Zip:
 NAVARRE, FL 32566
 City-St-Zip:
 NAVARRE, FL 32566

Title: D () Delete Title: D (X) Change () Addition

Name: CHAPMAN, BILLY Name: BAUER, SHARÍ

 Address:
 2667 STORMY CIRCLE
 Address:
 1912 WILLIAMS CREEK DRIVE

 City-St-Zip:
 NAVARRE, FL 32566
 City-St-Zip:
 NAVARRE, FL 32566

Title: S () Delete Title: D (X) Change () Addition

 Name:
 PETERSEN, JULIE
 Name:
 ANDERSEN, CAROL

 Address:
 7060 SUMMIT DR
 Address:
 8171 STILLWATER COVE

 City-St-Zip:
 NAVARRE, FL 32566
 City-St-Zip:
 NAVARRE, FL 32566

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TARA CAPRON P 03/14/2008