2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N04814

Entity Name: NAVARRE AREA BOARD OF REALTORS, INC.

Current Principal Place of Business:

1917 NAVARRE SCHOOL ROAD
NAVARRE, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 5429
NAVARRE, FL 32566 US

New Mailing Address:

1917 NAVARRE SCHOOL ROAD
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:

LYNCHARD, LANE
1901 ANDORRA STREET
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TUCKER, MICHELE
Address: 2742 NOAH JORDAN RD
City-St-Zip: NAVARRE, FL 32566

Title: VP ( ) Delete
Name: SIMPSON, MICHAEL
Address: 2490 PARTRIDGE DRIVE
City-St-Zip: NAVARRE, FL 32569

Title: P ( ) Delete
Name: CAPRON, TARA
Address: 8522 GULF BLVD #44
City-St-Zip: NAVARRE, FL 32566

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

Title: D ( ) Delete
Name: BAUER, SHARI
Address: 1912 WILLIAMS CREEK DRIVE
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete
Name: ANDERSEN, CAROL
Address: 8171 STILLWATER COVE
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: MANKOFF, PATRICIA
Address: 7012 SUMMIT DR
City-St-Zip: NAVARRE, FL 32566

Title: P (X) Change ( ) Addition
Name: SIMPSON, MICHAEL
Address: 2490 PARTRIDGE DRIVE
City-St-Zip: NAVARRE, FL 32569

Title: D (X) Change ( ) Addition
Name: CAPRON, TARA
Address: 8522 GULF BLVD #44
City-St-Zip: NAVARRE, FL 32566

Title: T (X) Change ( ) Addition
Name: SLYE, DOROTHY
Address: 1804 PRADO STREET
City-St-Zip: NAVARRE, FL 32566

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

Title: VP (X) Change ( ) Addition
Name: ANDERSEN, CAROL
Address: 8171 STILLWATER COVE
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: ANGELA CAMPBELL D 01/16/2009

Electronic Signature of Signing Officer or Director — Date