

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90103 022 ****61.25

DOCUMENT # N05000004527

1. Entity Name
NAVARRE LANDING OWNERS ASSOCIATION, INC.



Principal Place of Business
4 LAGUNA ST., SUITE 201
FT. WALTON BCH, FL 32548

Mailing Address
4 LAGUNA ST., SUITE 201
FT. WALTON BCH, FL 32548

40015055



01302007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-2848703

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEGALLO, STEVEN P
4 LAGUNA ST., SUITE 201
FT. WALTON BCH, FL 32548

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DELGALLO, STEVEN P
STREET ADDRESS 4 LAGUNA ST., SUITE 201
CITY-ST-ZIP FT. WALTON BCH, FL 32548

TITLE VSD
NAME SCHWEIZER, W. TODD
STREET ADDRESS 4 LAGUNA ST., SUITE 201
CITY-ST-ZIP FT. WALTON BCH, FL 32548

TITLE D
NAME IOVIENO, MICHAEL
STREET ADDRESS 4 LAGUNA ST., SUITE 201
CITY-ST-ZIP FT. WALTON BCH, FL 32548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 empowered 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/07

830 301-0175