

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010471

FILED
Apr 14, 2009
Secretary of State

Entity Name: NAVARRE GARDEN CLUB, INC.

Current Principal Place of Business:

8825 WAYNELL CT.
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5606
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 65-1190364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, LYNN
8825 WAYNELL CT.
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: V1 () Delete
Name: IGO, CAROLYN
Address: 1788 SOUND HAMMOCK D1
City-St-Zip: NAVARRE, FL 32566

Title: V2 () Delete
Name: DILLON, BARBARA
Address: 9991 NAVARREE PKWY
City-St-Zip: NAVARRE, FL 32566

Title: V2 () Delete
Name: IGO, CAROLYN
Address: 1788 SOUND HAMMOCK DR
City-St-Zip: NAVARRE, FL 32566

Title: T () Delete
Name: WILSON, LYNN
Address: 8825 WAYNELL CT.
City-St-Zip: NAVARRE, FL 32566

Title: S () Delete
Name: HARRIS, KAY
Address: 6740 CASTLEWOOD
City-St-Zip: NAVARRE, FL 32566

Title: S (X) Delete
Name: COUNSELMAN, JOAN
Address: 1301 CONNEMARA CIRCLE
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOHNSON, SHARON
Address: 8673 EL PASEO STREET
City-St-Zip: NAVARRE, FL 32566

Title: V1 (X) Change () Addition
Name: OWENS, KATE
Address: 7920 LOLA CIRCLE
City-St-Zip: NAVARRE, FL 32566

Title: V2 (X) Change () Addition
Name: GRISSOM, FRAN
Address: 7861 SLEEPY BAY BLVD
City-St-Zip: NAVARRE, FL 32566

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

Title: S (X) Change () Addition
Name: DUCKETT, SCHALA
Address: 440 PINE LANE
City-St-Zip: MARY ESTHER, FL 32566

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

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: LYNN WILSON

T

04/14/2009

Electronic Signature of Signing Officer or Director

Date