

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90020 006 ****61.25

DOCUMENT # N09072

1. Entity Name
**NAVARRE BEACH LEASEHOLDERS AND RESIDENTS
ASSOCIATION INC.**



Principal Place of Business
**PO BOX 5003
NAVARRE BCH, FL 32566-7227**

Mailing Address
**PO BOX 5003
NAVARRE BCH, FL 32566 US**

40009995



01192005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2501906 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNSON, JAN E
8039 GULF BLVD.
UNIT D
NAVARRE, FL 32566**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	VEAL, ANGEIA	
STREET ADDRESS	10 ROYAL PALM	
CITY-ST-ZIP	MARY ESTHER, FL 32569	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PACK, TERESA	
STREET ADDRESS	8499 GULF BLVD #606	
CITY-ST-ZIP	NAVARRE BEACH, FL 32566	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON JANE	
STREET ADDRESS	8039 GULF BLVD UNIT D	
CITY-ST-ZIP	NAVARRE, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAVOIE, PHIL	
STREET ADDRESS	7855 GULF BLVD	
CITY-ST-ZIP	NAVARRE BEACH, FL 32566	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	COLEY, ROBERT	
STREET ADDRESS	8571 GULF BLVD., #404	
CITY-ST-ZIP	NAVARRE BEACH, FL 32566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1189 AUTUM BREEZE CT	
STREET ADDRESS	GULF BREEZE, FL 32563	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD AGEE, Nanci	
STREET ADDRESS	7905 WHITE SANDS BLVD #5	
CITY-ST-ZIP	NAVARRE BEACH, FL 32566	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Angeia Veal **ANGEIA VEAL**

Date

Daytime Phone #

1/19/05