


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90043 015 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01132008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2501906	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TAYLOR, JIM 7640 KEY WEST DRIVE NAVARRE, FL 32566			Name SWEENEY, WAYNE Street Address (P.O. Box Number is Not Acceptable) 8520 GULF BLVD #40 NAVARRE City FL Zip Code 32566		
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 <i>Wayne Sweeney</i> WAYNE SWEENEY, PRESIDENT 1/22/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEAL, ANGEIA		NAME		
STREET ADDRESS	10 ROYAL PALM		STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER, FL 32569		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JAMES R		NAME		
STREET ADDRESS	7640 KEY WEST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGEE, NANJI		NAME		
STREET ADDRESS	790 S. WHITE SANDS BLVD #5		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE BEACH, FL 32566		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGEE, GARY		NAME		
STREET ADDRESS	790 WHITE SANDS BLVD #5		STREET ADDRESS		
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	SWEENEY, WAYNE	
STREET ADDRESS			STREET ADDRESS	8520 GULF BLVD #40	
CITY-ST-ZIP			CITY-ST-ZIP	NAVARRE, FL 32566	
TITLE		<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DARAVATE, LOUIS	
STREET ADDRESS			STREET ADDRESS	7591 WHITE SANDS	
CITY-ST-ZIP			CITY-ST-ZIP	NAVARRE, FL 32566	
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: <i>Angela R Veal</i> ANGEIA R VEAL 1/22/08 850 376 0330 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					