

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09072

**FILED**  
**Feb 21, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

10 ROYAL PALM  
ROYAL PALM, FL 32569

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5003  
NAVARRE BCH, FL 32566 US

**New Mailing Address:**

**FEI Number:** 59-2501906

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLEY, ROBERT  
8271 GULF BLVD  
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: TD  
Name: VEAL, ANGEIA  
Address: 10 ROYAL PALM  
City-St-Zip: MARY ESTHER, FL 32569

Title: D  
Name: TAYLOR, JAMES  
Address: 7640 KEY WEST  
City-St-Zip: NAVARRE, FL 32566

Title: SD  
Name: RICHARDSON, JOHN  
Address: 7721 WHITE SANDS BLVD  
City-St-Zip: NAVARRE BEACH, FL 32566

Title: PD  
Name: COLEY, ROBERT  
Address: 8271 GULF BLVD  
City-St-Zip: NAVARRE, FL 32566

Title: VD  
Name: JOHNSON, PAMELA  
Address: 8520 GULF BLVD  
City-St-Zip: NAVARRE, FL 32566

I hereby 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 all other like empowered.

SIGNATURE: ANGELA R VEAL

TD

02/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date