

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90067 022 \*\*\*\*61.25

**DOCUMENT # N37500**

1. Entity Name  
**VILLAGE AT NAVARRE ASSOCIATION, INC.**



Principal Place of Business

**1804 PRADO STREET  
NAVARRE, FL 32566**

Mailing Address

**1804 PRADO STREET  
NAVARRE, FL 32566**



03122008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3127796**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SLYE, DOROTHY  
1804 PRADO STREET  
NAVARRE, FL 32566**

**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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
RAYBURN, JOHN  
1045 CHIPPEHAM  
BATON ROUGE, LA 70808**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SVARRER, NORMAN  
1441 SONATA CT  
NAVARRE BEACH, FL 32566**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
HALL, BETH  
2914 WAR PAINT COURT  
MURFREESBORO, TN 37127**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SEC  
HOLROYD, ROBERT  
110 GLENS DRIVE  
WOODSTOCK, GA 30188**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
OLSON, FORREST  
1422 SONATA CT  
NAVARRE, FL 32566**

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

**3/12/08**

Date

Daytime Phone #