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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N42420** **(2)**

1. Corporation Name

HOLLEY-NAVARRE SENIORS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8475 GORDON GOODIN LANE NAVARRE FL 32566	P O BOX 5413 NAVARRE FL 32566-0413 US

3. Date Incorporated or Qualified: **03/08/1991**
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-3069431** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HARLEY, WALTER D.
3537 BOB TOLBERT RD
NAVARRE FL 32566

10. Name and Address of New Registered Agent

81 Name: John Groszkiewicz
82 Street Address (P.O. Box Number is Not Acceptable): 8107 Pamplona St.
83: Navarre, Fl. 32566
84 City: Navarre FL 85 Zip Code: 32566

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: John Groszkiewicz CD — John Groszkiewicz — 4-9-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	C D	☒ Change ☐ Addition
NAME	HARLEY, WALTER D.		1.2 NAME	John Groszkiewicz	
STREET ADDRESS	3537 BOB TOLBERT RD		1.3 STREET ADDRESS	8107 Pamplona St.	
CITY-ST-ZIP	NAVARRE FL		1.4 CITY-ST-ZIP	Navarre, Fl. 32566-9164	
TITLE	DT	☐ DELETE	2.1 TITLE	T D Bob	☒ Change ☐ Addition
NAME	WILBY, RUSSELL J		2.2 NAME	Nell Harley	
STREET ADDRESS	1940 PRESIDIO ST		2.3 STREET ADDRESS	3537 Tolbert Rd.	
CITY-ST-ZIP	NAVARRE FL		2.4 CITY-ST-ZIP	Navarre, Fl. 32566	
TITLE	SD	☐ DELETE	3.1 TITLE	S D	☒ Change ☐ Addition
NAME	BROWN, VIRGINIA M		3.2 NAME	Grace Zumbiel	
STREET ADDRESS	3849 HWY 87		3.3 STREET ADDRESS	9265 Eagle Nest Rd.	
CITY-ST-ZIP	NAVARRE FL		3.4 CITY-ST-ZIP	Navarre, Fl. 32566	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John Groszkiewicz — John Groszkiewicz — 4-9-97 — 904-939-1606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0074306