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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N42420**

1. Corporation Name
HOLLEY-NAVARRE SENIORS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8476 GORDON GOODIN LANE NAVARRE FL 32566 US	P O BOX 5413 NAVARRE FL 32566 US

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 03/08/1991

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

9. Name and Address of Current Registered Agent

GROSZKIEWICZ, JOHN
8107 PAMPLONA STREET
NAVARRE FL 32566

10. Name and Address of New Registered Agent

81 Name: HARLEY, WALTER D.
82 Street Address (P.O. Box Number is Not Acceptable): 3537 BOB TOLBERT ROAD
83
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: WALTER D. HARLEY, CHAIRMAN — Walter D. Harley — 15 MARCH 1999
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	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARLEY, WALTER D.		1.2 NAME		
STREET ADDRESS	3537 BOB TOLBERT RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL 32566		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	PRESTON, NOELLA		2.2 NAME	DIAZ, LOUIS A.	
STREET ADDRESS	9851 POPPY CIRCLE		2.3 STREET ADDRESS	7673 MARTHA'S WAY	
CITY-ST-ZIP	NAVARRE FL 32566		2.4 CITY-ST-ZIP	NAVARRE, FL. 32566	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	MICK, RUDY		3.2 NAME	FLETCHER, JOHN	
STREET ADDRESS	9077 SUNSET DR		3.3 STREET ADDRESS	1891 COTTON BAY LANE	
CITY-ST-ZIP	NAVARRE FL 32566		3.4 CITY-ST-ZIP	NAVARRE, FL. 32566	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	GROSZKIEWICZ, JOHN		4.2 NAME	ELLIOTT, FRANCES	
STREET ADDRESS	8107 PAMPLONA STREET		4.3 STREET ADDRESS	2146 MUSKET DRIVE	
CITY-ST-ZIP	NAVARRE FL 32566		4.4 CITY-ST-ZIP	NAVARRE, FL. 32566	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HARLEY, NELL		5.2 NAME		
STREET ADDRESS	3537 BOB TOLBERT ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAVARRE FL 32566		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	S	☐ Change ☒ Addition
NAME	ZUMBIEL, GRACE		6.2 NAME	RHODES, CAROLYN	
STREET ADDRESS	9265 EAGLE NEST ROAD		6.3 STREET ADDRESS	1775 VILLAGE PKWY	
CITY-ST-ZIP	NAVARRE FL 32566		6.4 CITY-ST-ZIP	GULF BREEZE, FL. 32561	

14. 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 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, with all other like empowered.

SIGNATURE: Walter D. Harley — WALTER D. HARLEY — 3/15/99 — 850-939-3185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)