**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE

## Jan 26, 2001 8:00 am Secretary of State **DOCUMENT # N42420** 1. Entity Name HOLLEY-NAVARRE SENIORS ASSOCIATION, INC. 01-26-2001 90139 003 \*\*\*\*61.25 Principal Place of Business Mailing Address 8476 GORDON GOODIN LANE P O BOX 5413 NAVARRE FL 32566 NAVARRE FL 32566 UUUU8748 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3069431 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) COOK, LINDA C 1650 CONOVER COVE **GULF BREEZE FL 32561** City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be П Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State · 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE rector Change ☐ Addition HARLEY, WALTER D. Howard A.Greenawalt NAME NAME STREET ADDRESS STREET ADDRESS 3537 BOB TOLBERT RD 8687 Turkey Bluff Rd. Navarre, Fl. 32566 CITY-ST-ZIP NAVARRE FL 32566 CITY-ST-ZIP Delete Director Change TITLE TITLE Addition William C. Barrows **ELLIOTT, FRANCES** NAME NAME 2028 Colby Court NAVATTE, FI. STREET ADDRESS 2146 MUSKET DRIVE STREET ADDRESS CITY-ST-2IP NAVARRE FL 32566 CITY-ST-ZIP Navatre, TITLE ☐ Delete TITLE Oirertor ☑ Change ☐ Addition HARLEY, NELL NAME NAME STREET ADDRESS 3537 BOB TOLBERT ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAVARRE FL 32566 avayres Delete TITLE TITLE Sweetsru □ Addition RHODES, CAROLYN NAME STREET ADDRESS 1775 VILLAGE PKWY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL** ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.