2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N42420 03-05-2007 90060 009 ****61.25 HOLLEY-NAVARRE SENIORS ASSOCIATION, INC. Principal Place of Business Mailing Address 40023970 8476 GORDON GOODIN LANE P 0 BOX 5413 NAVARRE, FL 32566 NAVARRE, FL 32566 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02122007 CR2E037 (12/06) Chq-NP City & State City & State Applied For 4. FEI Number 59-3069431 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ERTL, JUDITH A 2542 VALLEY RD. Street Address (P.O. Box Number is Not Acceptable) NAVARRE, FL 32566 City Zip Code 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) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DC TITLE Delete TITLE D Da Channe ☐ Addition LAWRENCE, MARTA NAME NAME STREET ADDRESS 3215 CALLE DE CORTEZ STREET ADDRESS NAVARRE, FL 32566 CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Defete TITLE DC XI Change ☐ Addition SANDLER, NANCY NAME NAME STREET ADDRESS 1905 WILLIAMS CREEK DR STREET ADDRESS CITY-ST-ZIP NAVARRE, FL 32566 CITY-ST-ZIP TITLE TITLE Change 11 Addition Delete GINGER EISELE NAME MORGAN, LAMB NAME 7909 SKYUIEW BIND STREET ADDRESS 2067 PINE RANCH STREET ADDRESS CITY-ST-ZIP NAVARRE, FL 32566 CITY-ST-ZIP vavarre, F1 32566 ☐ Change TITLE Delete Noella Hodgson 2253 Las Vegas Trail 2256 ۰.۵ **1** Addition RODRIGUES, JOHN NAME NAME 9899 ORION LAKE CIR STREET ADDRESS STREET ADDRESS CITY-ST-7IP NAVARRE, FL 32566 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ERTL, JUDITH A NAME 2542 VALLEY RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAVARRE, FL 32566 CITY-ST-ZIP TITLE D Delete Delete TITLE ☐ Change ☑ Addition Carol Bloomer WEIHER, JIM NAME 2794 Sherwood Dr 2395 CORTEZ CT STREET ADDRESS STREET ADDRESS Navarre F/ 32566 NAVARRE, FL 32566 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

WANT TO THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22

850-939-3985

Osytime Phone #

FILED

Mar 05, 2007 8:00 am