

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90033 019 ****61.25

DOCUMENT # N42420 1. Entity Name HOLLEY-NAVARRE SENIORS ASSOCIATION, INC.					
Principal Place of Business 8476 GORDON GOODIN LANE NAVARRE, FL 32566 US			Mailing Address P O BOX 5413 NAVARRE, FL 32566 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3069431	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ERTL, JUDITH A 2542 VALLEY RD. NAVARRE, FL 32566				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC LAWRENCE, MARTA 3215 CALLE DE CORTEZ NAVARRE, FL 32566	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Sandler 1905 Williams Creek Dr NAVARRE, FL 32566	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANDLER, NANCY 1905 WILLIAMS CREEK DR NAVARRE, FL 32566	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, LAMB 2067 PINE RANCH NAVARRE, FL 32566	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAROL BLOOMER 2794 SHERWOOD DR NAVARRE, FL 32566	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUES, JOHN 9899 ORION LAKE CIR NAVARRE, FL 32566	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOELLA HODGSON 2253 Las Vegas Trail NAVARRE, FL 32566	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ERTL, JUDITH A 2542 VALLEY RD. NAVARRE, FL 32566	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEIHER, JIM 2395 CORTEZ CT NAVARRE, FL 32566	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GINGER EISELE 7909 SKYVIEW BLVD NAVARRE, FL 32566	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☒ Addition		
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: <i>Judith A. Ertl</i> JUDITH A. ERTL					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	

850-939-3985

ATTACHMENT

40013808

ADDITION

~~V424-20~~

TITLE D

NAME John Fletcher

ADDRESS 1891 Cotton Bay Ln

CITY-ST-ZIP NAVARRE , FL. 32566