

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42420

FILED  
Jan 15, 2012  
Secretary of State

**Entity Name:** HOLLEY-NAVARRE SENIORS ASSOCIATION, INC.

**Current Principal Place of Business:**

8476 GORDON GOODIN LANE  
NAVARRE, FL 32566 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 5413  
NAVARRE, FL 32566 US

**New Mailing Address:**

**FEI Number:** 59-3069431

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANDLER, MICHAEL J  
1905 WILLIAMS CREEK DR  
NAVARRE, FL 32566 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: SANDLER, MICHAEL  
Address: 1905 WILLIAMS CREEK DR  
City-St-Zip: NAVARRE, FL 32566

Title: CD  
Name: RUSSELL, JAMES  
Address: P.O. BOX 5344  
City-St-Zip: NAVARRE, FL 32566

Title: S  
Name: CORBELLO, VICTORIA  
Address: 2237 CALLE DE CANTABRIA  
City-St-Zip: NAVARRE, FL 32566

Title: D  
Name: SANDLER, NANCY  
Address: 1905 WILLIAMS CREEK DR  
City-St-Zip: NAVARRE, FL 32566

Title: D  
Name: MAYHEW, WILDA  
Address: 2416 FRONTERA ST  
City-St-Zip: NAVARRE, FL 32566

Title: D  
Name: BUTLER, CATHY  
Address: 9265 EAST RIVER DR  
City-St-Zip: NAVARRE, FL 32566

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL J. SANDLER

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01/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date