

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90051 049 ****61.25

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| DOCUMENT # N96000005089 | | | | | |
| 1. Entity Name NAVARRE BEACH REGENCY OWNERS' ASSOCIATION, INC. | | | | | |
| Principal Place of Business 8525 GULF BOULEVARD NAVARRE BEACH, FL 32566 | | | Mailing Address 8525 GULF BOULEVARD NAVARRE BEACH, FL 32566 | | |
| 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 59-3413722 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WILLIAMS, ROGER 8525 GULF BLVD. #R208 NAVARRE, FL 32566 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by September 14, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | V WILLIAMS, ROGER 8525 GULF BLVD. #208 NAVARRE BEACH, FL 32566 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Roger Williams 8525 Gulf Blvd #208 Navarre Bch, FL 32566 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KANNE, RONALD 8525 GULF BLVD #708 NAVARRE, FL 32566 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Brooks Lagrue 2809 Lawne's Creek Rd Williamsburg VA 23185 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HYMEL, JEFF 28235 CREOLE RD. LACOMBE, LA 70445 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Laurie LoBue 5933 Lake Shadow Dr. Baton Rouge LA 70817 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RYALS, BOB 8525 GULF BLVD., #205 NAVARRE BEACH, FL 32566 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANN Agostin 8525 GULF BLVD. 707 Navarre Bch FL 32566 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CODY, JAMES 8525 GULF BLVD NAVARRE BEACH, FL 32566 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Betty EVANS 2503 CORNESTONE CIRCLE Huntsville AL 35810 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LAGRUE, BROOKS 2809 LAWNE'S CREEK RD WILLIAMSBURG, VA 23185 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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>Roger Williams</i> | | | Date: <i>7-5-07</i> (850) 939-5756 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>ROGER WILLIAMS</i> | | | | | |