

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005089

FILED
Jan 20, 2009
Secretary of State

Entity Name: NAVARRE BEACH REGENCY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

8525 GULF BLVD.
NAVARRE BEACH, FL 32566

New Principal Place of Business:

Current Mailing Address:

8525 GULF BLVD.
NAVARRE BEACH, FL 32566

New Mailing Address:

FEI Number: 59-3413722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, ROGER
8525 GULF BLVD. #R208
NAVARRE BEACH, 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: P () Delete
Name: EVANS, BETTY
Address: 8525 GULF BLVD. #R401
City-St-Zip: NAVARRE BEACH, FL 32566

Title: T () Delete
Name: WILLIAMS, ROGER
Address: 8525 GULF BLVD. #R208
City-St-Zip: NAVARRE BEACH, FL 32566

Title: S () Delete
Name: ZEHR, LYNN
Address: 8525 GULF BLVD. #R201
City-St-Zip: NAVARRE, FL 32566

Title: V () Delete
Name: LAGRUA, BROOKS
Address: 8525 GULF BLVD. #R405
City-St-Zip: NAVARRE BEACH, FL 32566

Title: V () Delete
Name: KANNE, RONALD
Address: 8525 GULF BLVD. #R904
City-St-Zip: NAVARRE BEACH, FL 32566

Title: V () Delete
Name: AGOSTIN, ANN
Address: 8525 GULF BLVD. #R707
City-St-Zip: NAVARRE BEACH, FL 32566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: STEPHENS, RICHARD
Address: 8525 GULF BLVD. #R304
City-St-Zip: NAVARRE BEACH, FL 32566

Title: V (X) Change () Addition
Name: DAY, TOM
Address: 8525 GULF BLVD. #R406
City-St-Zip: NAVARRE BEACH, FL 32566

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BETTY EVANS

P

01/20/2009

Electronic Signature of Signing Officer or Director

Date