

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003755

FILED  
Apr 24, 2006  
Secretary of State

**Entity Name:** NAVIGATOR'S REST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9000 GRIGGS ROAD., UNIT E  
ENGLEWOOD, FL 34224

**New Principal Place of Business:**

9000 GRIGGS ROAD  
UNIT-E-  
ENGLEWOOD, FL 34224 US

**Current Mailing Address:**

14 CARY ROAD  
RIVERSIDE, CT 06878

**New Mailing Address:**

14 CARY ROAD  
RIVERSIDE, CT 06878 US

**FEI Number:** 65-0914021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WARD, TRAVERS PRES  
9000 GRIGGS ROAD., UNIT E  
ENGLEWOOD, FL 34224 US

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

WARD, TRAVERS PRES  
9000 GRIGGS ROAD  
UNIT-E-  
ENGLEWOOD, FL 34224 US

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:

04/24/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WARD, TRAVERS PRES  
Address: 14 CARY ROAD  
City-St-Zip: RIVERSIDE, CT 06878

Title: SD ( ) Delete  
Name: PARKS, HELEN SEC  
Address: 150 OVERBROOK ROAD  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete  
Name: LILLIS, DERMOTT MANG  
Address: 9000 GRIGGS ROAD., UNIT A  
City-St-Zip: ENGLEWOOD, FL 34224

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: WARD, TRAVERS PRES  
Address: 14 CARY ROAD  
City-St-Zip: RIVERSIDE, CT 06878 US

Title: SD (X) Change ( ) Addition  
Name: WARD, DIANE SEC  
Address: UNIT -E- 9000 GRIGGS RD  
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: D (X) Change ( ) Addition  
Name: LILLIS, DERMOTT MANG  
Address: UNIT -E- 9000 GRIGGS ROAD  
City-St-Zip: ENGLEWOOD, FL 34224 US

Title: D ( ) Change (X) Addition  
Name: KLINE, THOMAS ALT -D-  
Address: 145 NORTHFEILD AVE  
City-St-Zip: NORTH FEILD, OH 44067 US

I hereby certify that the information supplied with this filing does not qualify for the 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: TRAVERS WARD

PD

04/24/2006

Electronic Signature of Signing Officer or Director

Date