2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# N98000003755

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

14 CARY ROAD
RIVERSIDE, CT 06878 US

New Mailing Address:

FEI Number: 65-0914021 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

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:	PD	( ) Delete
Name:	WARD, TRAVERS PRES	
Address:	14 CARY ROAD	
City-St-Zip:	RIVERSIDE, CT 06878 US	
Title:	SD	( ) Delete
Name:	WARD, DIANE SEC	
Address:	14 CARY RD	
City-St-Zip:	RIVERSIDE, CT 06878 US	
Title:	D	( ) Delete
Name:	LILLIS, DERMOTT MANG	
Address:	UNIT -A- 9000 GRIGGS ROAD	
City-St-Zip:	ENGLEWOOD, FL 34224 US	
Title:	D	(X) Delete
Name:	KLINE, THOMAS ALT -D-	
Address:	145 NORTHFEILD AVE	
City-St-Zip:	NORTH FEILD, OH 44067 US	

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:	( ) 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: TRAVERS WARD PD 05/05/2008
Electronic Signature of Signing Officer or Director — Date