

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003755

FILED  
May 07, 2009  
Secretary of State

**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:**

PO BOX 5341  
ENGLEWOOD, FL 34224 US

**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

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

Title: PD (X) Change ( ) Addition  
Name: WARD, TRAVERS PRES  
Address: PO BOX 5341  
City-St-Zip: ENGLEWOOD, FL 34224 US

Title: SD (X) Change ( ) Addition  
Name: WARD, DIANE SEC  
Address: PO BOX 5341  
City-St-Zip: ENGLEWOOD, FL 34224 US

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 T WARD

PD

05/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date