2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2025
Secretary of State
4611721654CC

DOCUMENT# N04814

Entity Name: NAVARRE AREA BOARD OF REALTORS, INC.

Current Principal Place of Business:

1917 NAVARRE SCHOOL ROAD
NAVARRE, FL 32566

Current Mailing Address:

1917 NAVARRE SCHOOL ROAD
NAVARRE, FL 32566 US

FEI Number: 59-2561916

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SCHULTZ, KERRY ANNE ESQUIRE
2779 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	TREASURER
Name	CHAPMAN, BILLY
Address	2667 STORMY CIRCLE
City-State-Zip:	NAVARRE FL 32566

Title	DIRECTOR
Name	SMITH, HUGH
Address	6710 TOM KING BAYOU RD
City-State-Zip:	NAVARRE FL 32566

Title	DIRECTOR
Name	ROSS, PHILIP
Address	116 E OLIVE ROAD
City-State-Zip:	PENSACOLA FL 32514

Title	PRESIDENT
Name	BONCK, LAWRENCE
Address	1958 COMMODORE DRIVE
City-State-Zip:	NAVARRE FL 32566

Title	VP
Name	KELLER, JANET
Address	7234 KINGFISHER COVE
City-State-Zip:	NAVARRE FL 32566

Title	DIRECTOR
Name	BELL , MANDANI
Address	8161 SECOND ST
City-State-Zip:	NAVARRE FL 32566

Title	SECRETARY
Name	MULLINS, AMY
Address	1651 BEACHCOMBER DRIVE
City-State-Zip:	GULF BREEZE FL 32563

Title	DIRECTOR
Name	PULLUM, BART
Address	8052 NAVARRE PARKWAY
City-State-Zip:	NAVARRE FL 32566

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I hereby 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 all other like empowered.

SIGNATURE: AMY MULLINS SECRETARY 04/03/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WALKER, LYNDA
Address	2893 AVENIDA DESOTO
City-State-Zip:	NAVARRE FL 32566

Title	DIRECTOR
Name	GAMBLE, CHESTER
Address	2030 ADAMS ST.
City-State-Zip:	NAVARRE FL 32566

Title	DIRECTOR
Name	SUTHERLAND, JOHN
Address	8522 GULF BLVD #4
City-State-Zip:	NAVARRE FL 32566