2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2020
Secretary of State
8793626981CC

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: No

Name and Address of Current Registered Agent:

SCHULTZ, KERRY ANNE ESQUIRE
2045 FOUNTAIN PROFESSIONAL COURT
STE # A
NAVARRE, FL 32566 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	DIRECTOR
Name	WALKER, LYNDA
Address	PO BOX 5489
City-State-Zip:	NAVARRE FL 32566

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

Title	DIRECTOR
Name	FOUNTAIN, KENNETH
Address	2045 FOUNTAIN PROFESSIONAL CT
City-State-Zip:	NAVARRE FL 32566

Title	SECRETARY
Name	MILLER, MARK
Address	8335 MERCADO STREET
City-State-Zip:	NAVARRE FL 32566

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

Title	DIRECTOR
Name	PULLUM, BART
Address	8494 NAVARRE PARKWAY
City-State-Zip:	NAVARRE FL 32566

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

Title	DIRECTOR
Name	PRESTRIDGE, PAMELA
Address	2304 PRYTANIA CIRCLE
City-State-Zip:	NAVARRE FL 32566

Continues on page 2

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: MARK MILLER SECRETARY 01/07/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WADE, BEVAN
Address	1932 CATAMARAN DRIVE
City-State-Zip:	NAVARRE FL 32566

Title	DIRECTOR
Name	POLOSKI, ANTHONY
Address	1959 CORAL STREET
City-State-Zip:	NAVARRE FL 32566