

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

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

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

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

Title DIRECTOR
Name BELL, MANDANI
Address 8161 SECOND STREET
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

Title DIRECTOR
Name POLOSKI, ANTHONY
Address 6265 EAST BAY BLVD
City-State-Zip: GULF BREEZE FL 32563

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****01/03/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BOLTZ, MARK
Address 8515 GULF BLVD
 UNIT PH 2D
City-State-Zip: NAVARRE FL 32566

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