**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 06, 2015**
**Secretary of State**
**CC3209830002**

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 | TAYLOR, DORIS |
| Address | 1 DEAL AVE #E |
| City-State-Zip: | FORT WALTON BEACH FL 32548 |

| | |
|---|---|
| Title | TREASURER |
| Name | LACEY, JOSEPH |
| Address | 1735 TWIN PINE BLVD. |
| City-State-Zip: | GULF BREEZE FL 32563 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | VAN WAGNER, JODI |
| Address | 7100 CLASSIC COURT |
| City-State-Zip: | NAVARRE FL 32566 |

| | |
|---|---|
| Title | VP |
| Name | NOWLING, AMITY |
| Address | 7545 BUCKEYE DRIVE |
| City-State-Zip: | NAVARRE FL 32566 |

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

| | |
|---|---|
| Title | DIRECTOR |
| Name | EDWARDS, ROBIN |
| Address | 7272 JACOBS TRAIL |
| City-State-Zip: | NAVARRE FL 32566 |

| | |
|---|---|
| Title | PRESIDENT |
| Name | HARTLEY, ROBERT |
| Address | 2313 HWY 87 |
| City-State-Zip: | NAVARRE FL 32566 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | JORDAN, WANDA |
| Address | 6904 SEA BASS 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: ROBERT HARTLEY PRESIDENT 01/06/2015

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | TUCKER, MICHELE |
| Address | 2742 NOAH JORDAN RD. |
| City-State-Zip: | NAVARRE FL 32566 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | LLEWELLYN, JOSEPH |
| Address | 6455 HERONWALK DR |
| City-State-Zip: | GULF BREEZE FL 32563 |