

2024 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 TREASURER
Name CHAPMAN, BILLY
Address 2667 STORMY CIRCLE
City-State-Zip: NAVARRE FL 32566

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

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

Title SECRETARY
Name KINKAID, SAM
Address 240 BROOKS ST B301
City-State-Zip: FORT WALTON BEACH FL 32548

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

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

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

Title PRESIDENT
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: BART PULLUM**PRESIDENT****01/09/2024**

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