

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42420

Entity Name: HOLLEY-NAVARRE SENIORS ASSOCIATION, INC.**Current Principal Place of Business:**8476 GORDON GOODIN LANE
NAVARRE, FL 32566**Current Mailing Address:**P O BOX 5413
NAVARRE, FL 32566 US**FEI Number: 59-3069431****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**HENDERSON, NELDA TREASURER
8476 GORDON GOODIN LANE
P. O. BOX 5413
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: NELDA HENDERSON****02/04/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BURGARD, BEVERLY
Address 8476 GORDON GOODIN LANE
City-State-Zip: NAVARRE FL 32566

Title VP
Name CALHOUN, DARLENE
Address 8476 GORDON GOODIN LANE
City-State-Zip: NAVARRE FL 32566

Title TREASURER
Name HENDERSON, NELDA
Address 8476 GORDON GOODIN LANE
City-State-Zip: NAVARRE FL 32566

Title DIRECTOR
Name BARTLETT, ROBERT
Address 8476 GORDON GOODIN LANE
City-State-Zip: NAVARRE FL 32566

Title DIRECTOR
Name GIDEON, NORENE
Address 8476 GORDON GOODIN LANE
City-State-Zip: NAVARRE FL 32566

Title SECRETARY
Name HUNTER, DIANE
Address 8476 GORDON GOODIN LANE
City-State-Zip: NAVARRE FL 32566

Title DIRECTOR
Name SKUZA, ARNOLD
Address 8476 GORDON GOODIN LANE
City-State-Zip: NAVARRE FL 32566

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: NELDA HENDERSON**TREASURER****02/04/2021**

Electronic Signature of Signing Officer/Director Detail

Date