

2017 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:** No**Name and Address of Current Registered Agent:**HAWKINS, DAVID R
2496 CRESCENT ROAD
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:** DAVID R HAWKINS

01/20/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name DOVE, BILL
Address 1794 SOUND HAMMOCK DRIVE
City-State-Zip: NAVARRE FL 32566

Title VP
Name ASKILL, JOHN
Address 2447 PARKRIDGE DRIVE
City-State-Zip: NAVARRE FL 32566

Title TREASURER
Name HAWKINS, DAVID R
Address 2496 CRESCENT ROAD
City-State-Zip: NAVARRE FL 32566

Title DIRECTOR
Name FIELDS, GERI
Address 2760 HILLVIEW COURT
City-State-Zip: NAVARRE FL 32566

Title DIRECTOR
Name WILLIAMS, BETTY
Address 1765 JOYBROOK ROAD
City-State-Zip: NAVARRE FL 32566

Title SECRETARY
Name REDWINE, ANNE
Address 1943 ALAMANDA COURT
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: DAVID R HAWKINS

TREASURER

01/20/2017

Electronic Signature of Signing Officer/Director Detail

Date