FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:19

DOCUMENT # **760859** **(9)**

1. Corporation Name
TROPICAL BREEZE RESORT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
17001 W FRONT BEACH RD PANAMA CITY BEACH FL 32413 US	17001 W FRONT BEACH RD PANAMA CITY BEACH FL 32413 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1981
3a. Date of Last Report: 08/05/1994
4. FEI Number: 59-2780752 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COUCH, JERRY W.
17001 W. FRONT BEACH RD.
PANAMA CITY FL 32413

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	COUCH, JERRY W.	12 NAME		
STREET ADDRESS	3821 MARINER DR.	13 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	14 CITY-ST-ZIP		
TITLE	VPST	21 TITLE	SD	☐ Change ☐ Addition
NAME	COUCH, GLENDA M.	22 NAME		
STREET ADDRESS	3821 MARINER DR.	23 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	SCHWEICKERT, GEORGE H.	32 NAME		
STREET ADDRESS	218 KATHERINE PLACE, NORTHWEST	33 STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	TD	☐ Change ☐ Addition
NAME	ROSENTHAL, HARRY,	42 NAME		
STREET ADDRESS	232 SUKOSHI DR.	43 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32404	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	VPD	☐ Change ☐ Addition
NAME	PATE, JOEL,	52 NAME		
STREET ADDRESS	RT. 3 BOX 191	53 STREET ADDRESS		
CITY-ST-ZIP	CHIPLEY FL 32428	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Glenda M Couch 5-1-95 (904) 231-2228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Glenda M. Couch

0002643