SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT

1996 6-19-96 B-7016-C

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

FILED
Jun 19 1996 8:00 am
Secretary of State

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

3. Date Incorporated or Qualified: 11/30/1981
3a. Date of Last Report: 05/23/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26: P.O. Box 1330
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28: Lynn Haven, FL
Zip — 24:
Country — 25:
Zip — 29: 32444
Country — 30: USA

4. FEI Number: 59-2780752 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Jerry W. Couch — Jerry W. Couch, President — 6-17-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COUCH, JERRY W.	1.2 NAME	
STREET ADDRESS	3821 MARINER DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	1.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COUCH, GLENDA M.	2.2 NAME	
STREET ADDRESS	3821 MARINER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHWEICKERT, GEORGE H.	3.2 NAME	
STREET ADDRESS	218 KATHERINE PLACE, NORTHWEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	DT ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROSENTHAL, HARRY,	4.2 NAME	
STREET ADDRESS	232 SUKOSHI DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PATE, JOEL,	5.2 NAME	
STREET ADDRESS	RT. 3 BOX 191	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (3/96)

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: Jerry W. Couch — Jerry W. Couch — 6-17-96 — (904)271-8565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #