2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# 760859

Entity Name: TROPICAL BREEZE RESORT ASSOCIATION, INC.

Current Principal Place of Business:

17001 FRONT BEACH RD.
PANAMA CITY BEACH, FL 32413 US

New Principal Place of Business:

Current Mailing Address:

430 TOWN CENTER
BELLA VISTA, AR 72714 US

New Mailing Address:

FEI Number: 59-2780752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, GEORGE
4825 PINE AVE
YOUNGSTOWN, FL 32466 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: EMERSON, SHERRY
Address: 903 NORTH 47TH STREET
City-St-Zip: ROGERS, AR 72756

Title: D
Name: WEST, PHIL
Address: 2396 HUNTSBORO LANE
City-St-Zip: SPRINGDALE, AR 72762

Title: SD
Name: BELLVILLE, SUZANNE
Address: 79 GLEN FOREST TRAIL
City-St-Zip: NEWNAN, GA 30265

Title: TD
Name: JACKSON, JAMES Q
Address: 1756 W. ACARIBACA TRAIL S.E
City-St-Zip: ATLANTA, GA

Title: DIR.
Name: TAPPANA, PAUL
Address: 903 N 47TH STREET
City-St-Zip: ROGERS, AR 72756

Title: PD
Name: HALL, JOHN J III
Address: 6644 VETERANS MEMORIAL PKWY
City-St-Zip: LANETT, AL 36863

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: MARTHA KOSTEL-HILL ACCT 01/05/2011

Electronic Signature of Signing Officer or Director Date