

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 12: 05

DOCUMENT # 770848 (0)

1. Corporation Name

MISTY BREEZE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

236 MIRACLE STRIP PKWY SW
FORT WALTON BEACH FL 32548-6618

236 MIRACLE STRIP PKWY SW
FORT WALTON BEACH FL 32548-6618

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1983

3a. Date of Last Report

01/31/1994

4. FEI Number

59-2775955

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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

10. Name and Address of New Registered Agent

MCDANIELS, BARBARA J.
102 BAYSHORE DR.
NICEVILLE FL 32578

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

236 SW MIRACLE STRIP PKWY #B-1

83 Fort Walton Beach

84 City

FL

85 Zip Code

32548-6618

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SHEPPARD, MICHAEL
STREET ADDRESS #5 SLEEPY HOLLOW
CITY-ST-ZIP MARY ESTHER FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE P
NAME MCDANIELS, BARBARA
STREET ADDRESS 236 MIRACLE STRIP PKWY #B1
CITY-ST-ZIP FT. WALTON BCH. FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ST
NAME ANTOINETTE DE GENNARO
STREET ADDRESS 236 S.W. MIRACLE STRIP., PKWY. #A-3
CITY-ST-ZIP FT. WALTON BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME COLEE, ANDY
STREET ADDRESS 281 S. BAYSHORE DR.
CITY-ST-ZIP VALPARAISO FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V.
NAME Dean Mullison
STREET ADDRESS 236 SW MIRACLE STRIP PKWY B-9
CITY-ST-ZIP Fort Walton Bch. FL 32548-6618

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: Barbara J. McDaniels

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara J. McDaniels

19 January 95 904-244-1622

Date

Telephone Number