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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 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
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

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	SHEPPARD, MICHAEL	1.2 NAME	
STREET ADDRESS	#5 SLEEPY HOLLOW	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	MCDANIELS, BARBARA	2.2 NAME	
STREET ADDRESS	236 MIRACLE STRIP PWY#B1	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BCH. FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	ANTOINETTE DE GENNARO	3.2 NAME	
STREET ADDRESS	236 S.W. MIRACLE STRIP., PKWY. #A-3	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WATSON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	COLEE, ANDY	4.2 NAME	
STREET ADDRESS	261 S. BAYSHORE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	VALPARAISO FL	4.4 CITY-ST-ZIP	
TITLE	V.	5.1 TITLE	☐ Change ☒ Addition
NAME	Dean Mullison	5.2 NAME	V. DEAN MULLISON
STREET ADDRESS	236 SW Miracle Strip Pkwy B-9	5.3 STREET ADDRESS	236 SW Miracle Strip Pkwy - # B-9
CITY-ST-ZIP	Fort Walton Bh. Fl. 32548-6618	5.4 CITY-ST-ZIP	Fort Walton Bh. Fl. 32548-6618
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: Barbara J. McDaniels 19 January 95 904-244-1622
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #
Barbara J. McDaniels

0021613