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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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

3. Date Incorporated or Qualified: 10/20/1983
3a. Date of Last Report: 03/13/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCDANIELS, BARBARA J.
236 SW MIRACLE STRIP PKWY #B-1
FT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name: MULLISON, DEAN
82 Street Address (P.O. Box Number Is Not Acceptable): 236 SW Miracle Strip PKwy #B9
83: Ft. WALTON Beach, FL. 32548
84 City: Ft. WALTON Beach FL 85 Zip Code: 32548

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: Dean Mullison, President — 1-16-97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEPPARD, MICHAEL #5 SLEEPY HOLLOW MARY ESTHER FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCDANIELS, BARBARA 236 MIRACLE STRIP PWY#B1 FT. WALTON BCH. FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ANTOINETTE DE GENNARO 236 S.W. MIRACLE STRIP., PKWY. #A-3 FT. WATSON BEACH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLEE, ANDY 261 S. BAYSHORE DR. VALPARAISO FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MULLISON, DEAN 236 SW MIRACLE STRIP PKWY #B-9 FT WALTON BEACH FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	PRESIDENT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	VICE PRESIDENT PAUL R. TAYLOR 236 SW Miracle Strip PKwy #A1 FT. WALTON Beach, FL. 32548	☐ Change ☒ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dean Mullison RECEIVED 1-16-97

New Addition

Director

Cathy Brush
236 SW Miracle Strip Pky #81
Fort Walton Beach, Fla. 32548