FILE NOW: FILING FEE IS $61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90242 004 ****61.25

0079225

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **770848**

1. Corporation Name
MISTY BREEZE CONDOMINIUM ASSOCIATION, INC.

140736 - 90242 - 4

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/20/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2775955 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MULLISON, DEAN
236 SW MIRACLE STRIP PKWY #B9
FT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name: Nicole Giallella
82 Street Address (P.O. Box Number is Not Acceptable): 236 Miracle Strip Pkwy #B10
83
84 City: Ft. Walton Bch **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: Nicole Giallella — DATE: 2/6/99
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	☑ DELETE	1.1 TITLE	President	☐ Change ☑ Addition
NAME	~~SHEPPARD, MICHAEL~~		1.2 NAME	Col. Richard Jones.	
STREET ADDRESS	#5 SLEEPY HOLLOW		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER FL		1.4 CITY-ST-ZIP		
TITLE	ST	☑ DELETE	2.1 TITLE	Vice President	☐ Change ☑ Addition
NAME	~~ANTOINETTE DE GENNARO~~		2.2 NAME	Lt. Col. Norman Long	
STREET ADDRESS	236 S.W. MIRACLE STRIP., PKWY. #A-3		2.3 STREET ADDRESS	829 Linda Dr	
CITY-ST-ZIP	FT. WATSON BEACH FL		2.4 CITY-ST-ZIP	Mary Esther, FL 32569	
TITLE	D	☑ DELETE	3.1 TITLE	Secretary / Treasurer	☐ Change ☑ Addition
NAME	~~GOLEE, ANDY~~		3.2 NAME	Nicole Giallella	
STREET ADDRESS	261 S. BAYSHORE DR.		3.3 STREET ADDRESS	236 Miracle Strip Pkwy #B-10	
CITY-ST-ZIP	VALPARAISO FL		3.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32548	
TITLE	P	☑ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	~~MULLISON, DEAN~~		4.2 NAME	Thomas Handel II	
STREET ADDRESS	236 SW MIRACLE STRIP PKWY #B-9		4.3 STREET ADDRESS	236 Miracle Strip Pkwy #B1	
CITY-ST-ZIP	FT WALTON BEACH FL		4.4 CITY-ST-ZIP	Ft. Walton Bch, FL 32548	
TITLE	VP	☐ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	~~TAYLOR, PAUL R~~		5.2 NAME	Phyllis Farmer	
STREET ADDRESS	236 SW MIRACLE STRIP PKWY #A1		5.3 STREET ADDRESS	236 Miracle Strip Pkwy #B8	
CITY-ST-ZIP	FT WALTON BCH FL		5.4 CITY-ST-ZIP	Ft. Walton Bch, FL 32548	
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 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Nicole Giallella **REQUIRED** — 2/6/99 — 850-244-5121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #