

2/15

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-15-2001 90054 010 ****61.25

DOCUMENT # 770848

1. Entity Name

MISTY BREEZE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2775955

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIALLELLA, NICOLE
236 MIRACLE STRIP PKWY #B10
FT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name **DALE D FLESHER**

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

Mr. & Mrs. Richard C. Jones
116 Knollwood Way
Fort Walton Beach, FL 32548

Zip Code

30062

8. The above named entity submits this statement for the purpose of changing its registered office to

SIGNATURE

Dale D Flesher

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/01

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	JONES, RICHARD COL.	
STREET ADDRESS	#5 SLEEPY HOLLOW	
CITY-ST-ZIP	MARY ESTHER FL	

TITLE	VP	☐ Delete
NAME	LONG, NORMAN COL	
STREET ADDRESS	829 LINDA DR	
CITY-ST-ZIP	MARY ESTHER FL 32569	

TITLE	S/T	☒ Delete
NAME	GIALLELLA, NICOLE	
STREET ADDRESS	236 MIRACLE STRIP PKWY #B10	
CITY-ST-ZIP	FT WALTON BCH FL 32548	

TITLE	D	☒ Delete
NAME	HANDEL, THOMAS II	
STREET ADDRESS	236 MIRACLE STRIP PKWY #B1	
CITY-ST-ZIP	FT WALTON BCH FL 32548	

TITLE	D	☒ Delete
NAME	FARMER, PHYLLIS	
STREET ADDRESS	236 MIRACLE STRIP PKWY #B8	
CITY-ST-ZIP	FT WALTON BCH FL 32548	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Change ☐ Addition
NAME	RICHARD C JONES	
STREET ADDRESS	116 KNOLLWOOD WAY	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SECRETARY / TREASURER	☐ Change ☒ Addition
NAME	DALE D FLESHER	
STREET ADDRESS	1369 DELLINGER CT	
CITY-ST-ZIP	MARIETTA GA 30062	

TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	PAUL TAYLOR	
STREET ADDRESS	236 MIRACLE STRIP PKWY A-1	
CITY-ST-ZIP	FT WALTON BEACH, FL 32548	

TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	BECKY KEEFE	
STREET ADDRESS	236 MIRACLE STRIP PKWY A-4	
CITY-ST-ZIP	FT WALTON BEACH, FL 32548	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF DALE D FLESHER

2/12/01

770-977-8514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)