


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **760859** (9)

1. Corporation Name

**TROPICAL BREEZE RESORT ASSOCIATION, INC.**



Principal Place of Business <b>17001 W FRONT BEACH RD PANAMA CITY BEACH FL 32413 US</b>	Mailing Address <b>17001 FRONT BEACH RD PANAMA CITY BEACH FL 32113 US</b>
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3. Date Incorporated or Qualified  
**11/30/1981**

4. FEI Number  
**59-2780752**

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ISLER, CHARLES S  
434 MAGNOLIA AVE  
PANAMA CITY FL 32401**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

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	PD <b>HALL, JOHN J III</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>6644 VETERANS MEM. PKWY</b>	1.2 NAME	
STREET ADDRESS	<b>LANCT AL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD <b>WILLIAMS, GEORGE E</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>4825 PINE AVE.</b>	2.2 NAME	
STREET ADDRESS	<b>YOUNGSTOWN FL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD <b>HOILEY, JUNE</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>3510 JUGE BROWN RD</b>	3.2 NAME	
STREET ADDRESS	<b>VALLEY AL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	P <b>JACKSON, JAMES O</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1756 W. ACARIBACA TRAIL S.E</b>	4.2 NAME	
STREET ADDRESS	<b>ATLANTA GA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D <b>HALL, GEORGE R</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RT. 2, BOX 39</b>	5.2 NAME	
STREET ADDRESS	<b>NEWTON AL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D <b>SCHIPPER, HENRY</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P.O. BOX 404 N/A</b>	6.2 NAME	
STREET ADDRESS	<b>SUNNYSIDE FL</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SD. <b>Holley, Alan</b> <b>1020 Wolf Pond Rd.</b> <b>Talladega, AL 35160</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T.D. <b>Jackson, James O.</b> <b>1756 W. ACARIBACA Trail S.E.</b> <b>Atlanta, GA.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *[Handwritten Signature]* 1/10/1998 (334) 864-4379

CR2E037 (10/97)