

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90084 006 ****61.25

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DOCUMENT # 760859

1. Corporation Name

TROPICAL BREEZE RESORT ASSOCIATION, INC.

Principal Place of Business
**17001 W FRONT BEACH RD
PANAMA CITY BEACH FL 32413
US**

Mailing Address
**17001 W FRONT BEACH RD
PANAMA CITY BEACH FL 32413
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
11/30/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2780752

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

FL

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 ☐ DELETE
NAME **PD**
STREET ADDRESS **HALL, JOHN J III**
CITY-ST-ZIP **6644 VETERANS MEM. PKWY
LANCT AL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **HAYES, ROBERT D.**
1.4 CITY-ST-ZIP **605 CHESTNUT HILL ROAD
MARIETTA, GA. 30064**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **WILLIAMS, GEORGE E**
CITY-ST-ZIP **4825 PINE AVE.
YOUNGSTOWN FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **HOLLEY, ALAN**
CITY-ST-ZIP **1020 WOLF POND RD
TALLADEGA AL 35160**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **JACKSON, JAMES Q**
CITY-ST-ZIP **1756 W. ACARIBACA TRAIL S.E
ATLANTA GA**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HALL, GEORGE R**
CITY-ST-ZIP **RT. 2, BOX 39
NEWTON AL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SCHIPPER, HENRY**
CITY-ST-ZIP **P.O. BOX 404 N/A
SUNNYSIDE FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

George E. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George E. Williams 1/15/99

Date

Daytime Phone #

CR2E037 (11/98)