

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760859

Entity Name: TROPICAL BREEZE RESORT ASSOCIATION, INC.**Current Principal Place of Business:**17001 FRONT BEACH RD.
PANAMA CITY BEACH, FL 32413**Current Mailing Address:**9271 S JOHN YOUNG PARKWAY
ORLANDO, FL 32819 US**FEI Number:** 59-2780752**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title VP
Name JACKSON, JAMES
Address 8505 W. IRLO BRONSON MEMORIAL HWY.
City-State-Zip: KISSIMMEE FL 34747

Title PRESIDENT.
Name HALL, JOHN
Address 8505 W. IRLO BRONSON MEMORIAL HWY.
City-State-Zip: KISSIMMEE FL 34747

Title TREASURER
Name JONE, ROY
Address 8505 W IRLO BRONSON MEMORIAL HWY
City-State-Zip: KISSIMMEE FL 34747

Title S
Name BELLVILLE, SUZANNE
Address 8505 W. IRLO BRONSON MEMORIAL HWY.
City-State-Zip: KISSIMMEE FL 34747

Title D
Name THOMPSON, MICHAEL J
Address 9271 S JOHN YOUNG PARKWAY
City-State-Zip: ORLANDO FL 32819

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL J THOMPSON**DIRECTOR****04/06/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date