

2014 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:**8505 W. IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34747 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	S
Name	BELLVILLE, SUZANNE
Address	8505 W. IRLO BRONSON MEMORIAL HWY.
City-State-Zip:	KISSIMMEE FL 34747

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

Title	D
Name	THOMPSON, MICHAEL J
Address	8505 W. IRLO BRONSON MEMORIAL HWY.
City-State-Zip:	KISSIMMEE FL 34747

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

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****01/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date