


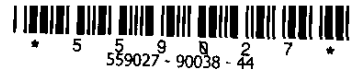
**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90083 021 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 754935**

1. Corporation Name  
**MISTY HARBOUR CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 7904 SURF DRIVE PANAMA CITY BCH FL 32408 US	Mailing Address 7904 SURF DRIVE PANAMA CITY BCH FL 32408 US
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2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 10/31/1980
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-2138327
City & State	City & State	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent JOHNSON, MARTHA 7904 SURF DR PANAMA CITY BEACH FL 32408	10. Name and Address of New Registered Agent 81 Name ANNA MITCHELL 82 Street Address (P.O. Box Number is Not Acceptable) 7904 SURF DR 83 City PANAMA CITY B. 84 City P.C.B. FL 85 Zip Code 32408
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: Anna Mitchell 5-21-99  
 (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODMAN, JOHN P SR	1.2 NAME	
STREET ADDRESS	3603 SHANNON RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY GA 31707	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAKE, GENE	2.2 NAME	WINDELL PARKER
STREET ADDRESS	405 E 3RD ST., P.O BOX 553	2.3 STREET ADDRESS	#1 BOX 315
CITY-ST-ZIP	DONALSONVILLE GA.	2.4 CITY-ST-ZIP	DAMASCUS G.A 31714
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODELL, BILLIE	3.2 NAME	BILLIE GOODELL
STREET ADDRESS	ROUTE 7, BOX 156	3.3 STREET ADDRESS	1-011-11th St
CITY-ST-ZIP	CHIPLEY FL	3.4 CITY-ST-ZIP	PLEASANT GROVE AL 35127
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTER, ED	4.2 NAME	RON WOODS
STREET ADDRESS	2110 HOLLYHILL RD	4.3 STREET ADDRESS	2100 DATA DR
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	HOOVER AL 35244
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, JULIAN	5.2 NAME	CAROL WILLIAMS
STREET ADDRESS	P.O BOX 102, HWY 37	5.3 STREET ADDRESS	P0B 96
CITY-ST-ZIP	COLEMAN GA	5.4 CITY-ST-ZIP	BRON CITY GA 31759
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURHAM, EMORY	6.2 NAME	
STREET ADDRESS	RT #1, BOX 142	6.3 STREET ADDRESS	
CITY-ST-ZIP	BLUFTON GA	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)(f), 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 files empowered.

SIGNATURE: BILLIE GOODELL 4-13-99 230-0206  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 (D) Emory Durham EMORY DURHAM 5-4-99

CR2037 (1/98)