

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760859

FILED
Jan 15, 2009
Secretary of State

Entity Name: TROPICAL BREEZE RESORT ASSOCIATION, INC.

Current Principal Place of Business:

17001 W FRONT BEACH RD
PANAMA CITY BEACH, FL 32413 US

New Principal Place of Business:

17001 FRONT BEACH RD.
PANAMA CITY BEACH, FL 32413 US

Current Mailing Address:

17001 W FRONT BEACH RD
PANAMA CITY BEACH, FL 32413 US

New Mailing Address:

430 TOWN CENTER
BELLA VISTA, AR 72714 US

FEI Number: 59-2780752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EMERSON, SHERRY
Address: 903 NORTH 47TH STREET
City-St-Zip: ROGERS, AR 72756

Title: D () Delete
Name: TATE, JIM
Address: 1 PENN LN
City-St-Zip: BELLA VISTA, AR 72714

Title: SD () Delete
Name: BELLVILLE, SUZANNE
Address: 79 GLEN FOREST TRAIL
City-St-Zip: NEWNAN, GA 30265

Title: TD () Delete
Name: JACKSON, JAMES Q
Address: 1756 W. ACARIBACA TRAIL S.E
City-St-Zip: ATLANTA, GA

Title: D () Delete
Name: REDDIN, TOM
Address: 903 N 47TH STREET
City-St-Zip: ROGERS, AR 72756

Title: PD () Delete
Name: HALL, JOHN J III
Address: 6644 VETERANS MEMORIAL PKWY
City-St-Zip: LANETT, AL 36863

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARTHA KOSTEL-HILL

ACCT

01/15/2009

Electronic Signature of Signing Officer or Director

Date