

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 10, 2005 08:00 AM  
Secretary of State

DOCUMENT # 770848

1. Entity Name  
MISTY BREEZE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
236 MIRACLE STRIP PKWY SW  
FORT WALTON BEACH, FL 32548-6618

Mailing Address  
236 MIRACLE STRIP PKWY SW  
FORT WALTON BEACH, FL 32548-6618



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-2775955

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JONES, GALE F  
405 PARISH COVE  
MARY ESTHER, FL 32569

DO NOT WRITE  
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Gale Jones*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-05

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
JONES, RICHARD COL  
116 KNOLLWOOD WAY  
FORT WALTON BEACH, FL 32548

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
JONES, GALE F  
405 PARISH COVE  
MARY ESTHER, FL 32569

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TAYLOR, PAUL  
236 MIRACLE STRIP PLWY A-1  
FORT WALTON BEACH, FL 32548

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HERRIN, MARCIA  
236 MIRACLE STRIP PKWY B-9  
FORT WALTON BEACH, FL 32548

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FLESHER, DALE D  
1369 DELLINGER CT  
MARIETTA, GA 30062

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000176092  
01/10/05-80078-003 61.25

DO NOT WRITE  
IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE.

*Gale Jones*