

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770848

FILED
Jan 15, 2009
Secretary of State

Entity Name: MISTY BREEZE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

236 SW MIRACLE STRIP PKWY
BOX 16
FORT WALTON BEACH, FL 325486618

New Principal Place of Business:

Current Mailing Address:

236 SW MIRACLE STRIP PKWY
BOX 16
FORT WALTON BEACH, FL 325486618

New Mailing Address:

FEI Number: 59-2775955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULLER, ANITA D
236 SW MIRACLE STRIP PKWY
BOX 16
FORT WALTON BEACH, FL 325486618 US

Name and Address of New Registered Agent:

FULLER, ANITA D
100 TYNER DRIVE
CRESTVIEW, FL 32539 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:

01/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: HEIN, VIRGINIA
Address: P.O. BOX 169
City-St-Zip: FREEPORT, FL 32439

Title: ST () Delete
Name: FULLER, ANITA
Address: 100 TYNER DRIVE
City-St-Zip: CRESTVIEW, FL 32539

Title: D () Delete
Name: GODWIN, DELORES K
Address: 236 SW MIRACLE STRIP PKWY B10
City-St-Zip: FORT WALTON BEACH, FL 325486618

Title: D () Delete
Name: TAYLOR, PAUL R JR
Address: 236 SW MIRACLE STRIP PKWY A1
City-St-Zip: FORT WALTON BEACH, FL 325486618

Title: D () Delete
Name: CHUA, GRACE S
Address: 1502 TOMMY LANE
City-St-Zip: MARY ESTHER, FL 32569

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WADE, DANIEL
Address: 236 SW MIRACLE STRIP PKWY A3
City-St-Zip: FWB, FL 325486618

Title: VP (X) Change () Addition
Name: HEIN, VIRGINIA
Address: P.O. BOX 169
City-St-Zip: FREEPORT, FL 32439

Title: ST (X) Change () Addition
Name: FULLER, ANITA D
Address: 100 TYNER DRIVE
City-St-Zip: CRESTVIEW, FL 32539

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

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

Title: D () Change (X) Addition
Name: GODWIN, DELORES
Address: 236 SW MIRACLE STRIP PKWY B10
City-St-Zip: FWB, FL 325486618

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: ANITA D. FULLER

ST

01/15/2009

Electronic Signature of Signing Officer or Director

Date