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May 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04370 (5)
1. Corporation Name
SOFT BREEZE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

905 LAWTON COURT
FT WALTON BEACH FL 32547

Mailing Address

905 LAWTON COURT
FT WALTON BEACH FL 32547-1924



2. Principal Place of Business

21 954 SHALIMAR POINTE DR

2a. Mailing Address

26 954 SHALIMAR POINTE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SHALIMAR FL

City & State

28 SHALIMAR FL

Zip

32579

Country

Zip

32579

Country

9. Name and Address of Current Registered Agent

MCNEAL, EDWARD D.
905 LAWTON COURT
FT WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name

MCNEAL, EDWARD D

82 Street Address (P.O. Box Number is Not Acceptable)

83

954 SHALIMAR POINTE DR.

84 City

SHALIMAR

FL

85 Zip Code
32579

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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

EDWARD D. MCNEAL - TREASURER

APRIL 28, 1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CROWDER, JAMES R.
STREET ADDRESS 52 MARLBORO ROAD
CITY-ST-ZIP SHALIMAR FL 32579

TITLE SD ☒ DELETE

NAME YOUNG, MILLIE
STREET ADDRESS 922 DENTON ROAD, SUITE 1
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE TD ☐ DELETE

NAME MCNEAL, EDWARD D.
STREET ADDRESS 905 LAWTON COURT
CITY-ST-ZIP FT WALTON BEACH FL 32547

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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.

SIGNATURE:

EDWARD D. MCNEAL

TREASURER

APRIL 28 1997

CR2E037 (9/96)