


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Jul 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04370 (5)  
1. Corporation Name  
SOFT BREEZE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 954 SHALIMAR POINTE DR. SHALIMAR FL 32579 US		Mailing Address 954 SHALIMAR POINTE DR SHALIMAR FL 32579 US		3. Date Incorporated or Qualified 07/25/1984
2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-3230536 Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
				7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent MCNEAL, EDWARD D. 954 SHALIMAR POINTE DR. SHALIMAR FL 32579		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	TD
NAME	CROWDER, JAMES R.	1.2 NAME	MCNEAL, MADELINE C.
STREET ADDRESS	52 MARLBORO ROAD	1.3 STREET ADDRESS	954 SHALIMAR POINTE DR.
CITY-ST-ZIP	SHALIMAR FL 32579	1.4 CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	SD	2.1 TITLE	SD
NAME	NICHOLS, CURTIS	2.2 NAME	NICHOLS, CURTIS
STREET ADDRESS	233 MARTIN PL	2.3 STREET ADDRESS	530 LIGHTHOUSE RD #2414
CITY-ST-ZIP	FORT WALTON BEACH FL	2.4 CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	TD	3.1 TITLE	PD
NAME	MCNEAL, EDWARD D.	3.2 NAME	MCNEAL, EDWARD D.
STREET ADDRESS	954 SHALIMAR POINTE DR	3.3 STREET ADDRESS	954 SHALIMAR POINTE DR.
CITY-ST-ZIP	SHALIMAR FL	3.4 CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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:  7-3-98 850-581-1427  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)