

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90050 038 ****61.25

DOCUMENT # N04370

1. Entity Name
SOFT BREEZE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**513 CIRCLE DRIVE
FORT WALTON BEACH FL 32547
US**

Mailing Address
**954 SHALIMAR POINTE DR
SHALIMAR FL 32579
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address
930 POCAHONTAS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
FT. WALTON BEACH, FL

City & State

City & State
FT. WALTON BEACH, FL

4. FEI Number **59-3230536**

Applied For
Not Applicable

Zip

Country

Zip
32547

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCNEAL, EDWARD D.
954 SHALIMAR POINTE DR.
SHALIMAR FL 32579**

Name
Nancy H. Kline
Street Address (R.F. Box Number is Not Acceptable)
930 POCAHONTAS DR.

City
FT. WALTON BEACH FL Zip Code
32547

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

[Signature] Nancy H. Kline
(NOTE: Registered Agent signature required when reinstating)

9/8/03
DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCNEAL, MADELINE C	
STREET ADDRESS	954 SHALIMAR POINTE DR	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	LARR, TIM	
STREET ADDRESS	7 STAMFORD DR	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MCNEAL EDWARD D	
STREET ADDRESS	954 SHALIMAR POINTE DR	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President / Sec. / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy H. Kline	
STREET ADDRESS	930 POCAHONTAS DR	
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547	
TITLE	Vice Pres / Treas. / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY N. KLINE	
STREET ADDRESS	930 POCAHONTAS DR.	
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **SIGNATURE REQUIRED** Nancy H. Kline 9/8/03 WK 850/864-6104 H# 850/864-0948

CR2E037 (4/03)