

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V11240** (1)

1. Corporation Name

HARBOR BREEZE DEVELOPMENT, INC.



Principal Place of Business

**105 AUBURN AVENUE
FT. WALTON BEACH FL 32547**

Mailing Address

**105 AUBURN AVENUE
FT. WALTON BEACH FL 32547**

3. Date Incorporated or Qualified

01/31/1992

3a. Date of Last Report

03/28/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number

59-3106353

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SMITH, WALTER J.
105 AUBURN AVENUE
FT WALTON BEACH FL 32547**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Walter J. Smith

(Print) Registered Agent Signature required when filing statement.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D WHITWORTH, LEO A., JR**
STREET ADDRESS **105 AUBURN AVENUE**
CITY-STATE-ZIP **FT WALTON BEACH FL**

TITLE ☐ DELETE
NAME **D READY, JAMES M.**
STREET ADDRESS **105 YACHT ROSS BLVD**
CITY-STATE-ZIP **FT WALTON BEACH FL**

TITLE ☐ DELETE
NAME **D BRUNER, MAXWELL JR., JR**
STREET ADDRESS **901 SANTA ROSA BLVD.**
CITY-STATE-ZIP **FT WALTON BEACH FL**

TITLE ☐ DELETE
NAME **D WALKER, WINSTON G.**
STREET ADDRESS **255 YACHT CLUB DR N.E.**
CITY-STATE-ZIP **FT WALTON BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter J. Smith

DATE

2-8-94 **904-862-0851**

Daytime Phone #

CR2E034 (12/95)