

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 764740 (7)
1. Corporation Name

WHITE CLIFFS OWNERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
HWY 30A RT 2 BOX 1970 P O BOX 1126 SANTA ROSA BCH. FL 32459	HWY 30A RT 2 BOX 1970 P O BOX 1126 SANTA ROSA BCH. FL 32459

3. Date Incorporated or Qualified 08/27/1982	3a. Date of Last Report 05/01/1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2493721	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21	26			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	23	28	
Zip	Country	24	29	30
25		29		30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
BURKE, LES W 221 MCKENZIE AVENUE PANAMA CITY FL 32402		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 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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIDWELL, EUGENE	1.2 NAME	
STREET ADDRESS	P.O. DRAWER 1466	1.3 STREET ADDRESS	
CITY-ST-ZIP	DOUGLASVILLE GA 30133	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, TED	2.2 NAME	HUBER, LLOYD
STREET ADDRESS	3520 VICTORIA RD.	2.3 STREET ADDRESS	323 FAIRWAY DRIVE
CITY-ST-ZIP	BIRMINGHAM AL 35223	2.4 CITY-ST-ZIP	NEW ORLEANS LA 70124
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYERS, HOWARD JR	3.2 NAME	
STREET ADDRESS	486 RIVER RIDGE COVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38120	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, J.T.	4.2 NAME	
STREET ADDRESS	3512 KINGS HILL RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35223	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eugene Tidwell **EUGENE TIDWELL** 5/31/96 904-267-3347
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)