

**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 <b>08/27/1982</b>	3a. Date of Last Report <b>05/01/1995</b>
--	--

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2493721</b>	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

**9. Name and Address of Current Registered Agent**

**BURKE, LES W  
221 MCKENZIE AVENUE  
PANAMA CITY FL 32402**

**10. Name and Address of New Registered Agent**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
	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**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TIDWELL, EUGENE	
STREET ADDRESS	P.O. DRAWER 1466	
CITY - ST - ZIP	DOUGLASVILLE GA 30133	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	COOK, TED	
STREET ADDRESS	3520 VICTORIA RD.	
CITY - ST - ZIP	BIRMINGHAM AL 35223	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BYERS, HOWARD JR	
STREET ADDRESS	486 RIVER RIDGE COVE	
CITY - ST - ZIP	MEMPHIS TN 38120	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, J.T.	
STREET ADDRESS	3512 KINGS HILL RD.	
CITY - ST - ZIP	BIRMINGHAM AL 35223	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VD HUBER, LLOYD</b>
2.3 STREET ADDRESS	<b>323 FAIRWAY DRIVE</b>
2.4 CITY - ST - ZIP	<b>NEW ORLEANS LA 70124</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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)