

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jun 16 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 764740 (7)**

1. Corporation Name  
**WHITE CLIFFS OWNERS ASSOCIATION, INC.**



Principal Place of Business <b>HWY 30A RT 2 BOX 1970 P O BOX 1126 SANTA ROSA BCH. FL 32459</b>	Mailing Address <b>HWY 30A RT 2 BOX 1970 P O BOX 1126 SANTA ROSA BCH. FL 32459-1126</b>
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3. Date Incorporated or Qualified <b>08/27/1982</b>	3a. Date of Last Report <b>06/12/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>59-2493721</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>TIDWELL, EUGENE</b>	
STREET ADDRESS	<b>P.O. DRAWER 1466</b>	
CITY-ST-ZIP	<b>DOUGLASVILLE GA 30133</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>HUBER, LLOYD</b>	
STREET ADDRESS	<b>323 FAIRWAY DR.</b>	
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>BYERS, HOWARD JR</b>	
STREET ADDRESS	<b>488 RIVER RIDGE COVE</b>	
CITY-ST-ZIP	<b>MEMPHIS TN 38120</b>	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMSON, J.T.</b>	
STREET ADDRESS	<b>3512 KINGS HILL RD.</b>	
CITY-ST-ZIP	<b>BIRMINGHAM AL 35223</b>	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Huber, Lloyd</b>	
1.3 STREET ADDRESS	<b>323 Fairway Drive</b>	
1.4 CITY-ST-ZIP	<b>New Orleans LA</b>	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Tidwell, Eugene</b>	
2.3 STREET ADDRESS	<b>P. O. Drawer 1466 (N/A)</b>	
2.4 CITY-ST-ZIP	<b>Douglasville GA 30133</b>	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>BYERS, Howard Jr.</b>	
3.3 STREET ADDRESS	<b>486 River Ridge Cove</b>	
3.4 CITY-ST-ZIP	<b>Memphis TN 38120</b>	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Williamson, J. T.</b>	
4.3 STREET ADDRESS	<b>3512 Kings Hill Rd.</b>	
4.4 CITY-ST-ZIP	<b>Birmingham AL 35223</b>	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)