

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90027 012 ****61.25

010670

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 764740

1. Corporation Name
WHITE CLIFFS OWNERS ASSOCIATION, INC.

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



| | | | |
|---|---|---|--|
| 2. Principal Place of Business 21 2343 W. CO. HWY 30A Suite, Apt. #, etc. 22 | 2a. Mailing Address 26 155 Poinciana Blvd Suite, Apt. #, etc. 27 | 3. Date Incorporated or Qualified 08/27/1982 | 4. FEI Number 59-2493721 Applied For Not Applicable |
| 23 City & State Santa Rosa Beach FL | 28 City & State Destin FL | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 24 Zip 32459 | 29 Zip 32541 | 30 Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> |

| | |
|--|---|
| 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 Walter D. Scott 82 Street Address (P.O. Box Number is Not Acceptable) 155 Poinciana Blvd 83 84 City Destin FL 85 Zip Code 32541 |
|--|---|

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: *Walter D. Scott* WALTER D. SCOTT DATE: FEBRUARY 12, 1999

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|--|
| TITLE PD NAME HUBER, LLOYD STREET ADDRESS 323 FAIRWAY DR CITY-ST-ZIP NEW ORLEANS LA | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE VD NAME TIDWELL, EUGENE STREET ADDRESS P.O. DRAWER 1466 N/A CITY-ST-ZIP DOUGLASVILLE GA | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE SD NAME WHITTELEY, C.S. STREET ADDRESS 2106 OAK BOWERY CITY-ST-ZIP OPELIKA AL 36801 | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE TD NAME WILLIAMSON, J.T. STREET ADDRESS 3512 KINGS HILL RD. CITY-ST-ZIP BIRMINGHAM AL | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicates 1 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, with all other like empowered.

SIGNATURE: *Carl Neufeld* CARL NEUFELD DATE: 2/12/99 DAYTIME PHONE #

CR2E037 (11/98)