

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90140 014 \*\*\*\*61.25

**DOCUMENT # 764740**

1. Entity Name

**WHITE CLIFFS OWNERS ASSOCIATION, INC.**

Principal Place of Business

2313 W. CO. HWY 30A  
 SANTA ROSA BEACH FL 32459  
 US

Mailing Address

C/O SUNCOAST ASSOCIATION MANAGEMENT  
 12273 US HWY 98 STE 208  
 DESTIN FL 32541  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

*40 Dune-Allen Realty*  
**5200 W. Hwy E-30A**

Suite, Apt. #, etc.

City & State

**Santa Rosa Beach, FL**

Zip

**32459**

Country

**USA**

4. FEI Number

**59-2493721**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SCOTT, WALTER D**  
**12273 US HWY 98 STE 208**  
**DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name

**Dune-Allen Realty**

Street Address (P.O. Box Number is Not Acceptable)

**5200 W. Hwy E-30A**

City

**Santa Rosa Beach**

**FL**

Zip Code

**32459**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Debbie Kotke - DEBBIE KOTKE*

**1-5-01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KAHN, DONALD DR	
STREET ADDRESS	2400 SHERWOOD RD	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WHITTIESEY, WHIT	
STREET ADDRESS	2106 OAK BOWERY	
CITY-ST-ZIP	OPELIKA AL 36801	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HOHL, LES	
STREET ADDRESS	1323 WEBSTER PATH DRIVE	
CITY-ST-ZIP	WEBSTER GROVES MD 63119	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMSON, LAVONNE	
STREET ADDRESS	3512 KINGS HILL ROAD	
CITY-ST-ZIP	BIRMINGHAM AL 35223	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERMAN, FLOYD	
STREET ADDRESS	3515 RIVER BEND ROAD	
CITY-ST-ZIP	BIRMINGHAM AL 35243	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE:

*Donald R. Kohn*  
**Donald R. Kohn** 1/9/2001 2089337794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)