

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764740

FILED
Jan 26, 2011
Secretary of State

Entity Name: WHITE CLIFFS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

2393 W. CO. HWY 30A
SANTA ROSA BEACH, FL 32459 US

Current Mailing Address:

P. O. BOX 4785
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 59-2493721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, CHARLEEN E
174 WATERCOLOR WAY
402
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: WILLIAMSON, JAMES T
Address: 3512 KINGS HILL ROAD
City-St-Zip: BIRMINGHAM, AL 35223

Title: DV
Name: BERMAN, FLOYD
Address: 3515 RIVER BEND ROAD
City-St-Zip: BIRMINGHAM, AL 35423

Title: DP
Name: TORREY, RANDY
Address: P. O. BOX 1621
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DST
Name: HOWARD, WYN
Address: P. O. BOX 55748
City-St-Zip: METAIRIE, LA 70055

Title: D
Name: HOHL, LESTER
Address: 943 NORRINGTON WAY
City-St-Zip: FENTON, MO 63026

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHARLEEN SMITH

MANA

01/26/2011

Electronic Signature of Signing Officer or Director

Date