

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764740

**FILED
Mar 01, 2016
Secretary of State
CC8713914757**

Entity Name: WHITE CLIFFS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

Current Mailing Address:

POST OFFICE BOX 1621
SANTA ROSA BEACH, FL 32459 US

FEI Number: 59-2493721

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANCHORS, MICHELLE
2113 LEWIS TURNER BOULEVARD
SUITE 100
FORT WALTON BEACH, FL 32547 US

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: /S/ MICHELLE ANCHORS

03/01/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HOHL, LESTER
Address 4307 PAPIN STREET
City-State-Zip: ST. LOUIS MO 63110

Title DIRECTOR
Name STANER, ELLEN
Address 1183 GREYSTONE CREST
City-State-Zip: BIRMINGHAM AL 35242

Title SECRETARY/TREASURER
Name MOWELL, JOHN
Address 407 EAST 6TH AVENUE
City-State-Zip: TALLAHASSEE FL 32303

Title PRESIDENT
Name ROBERTS, BRANDON
Address P.O. BOX 1649
City-State-Zip: RIDGELAND MS 39158

Title DIRECTOR
Name IRBY, MELISSA
Address 27 PROVENCE BOULEVARD
City-State-Zip: MADISON FL 39110

Title VP
Name MURPHY, GERARD
Address 669 PRIVATE ROAD 1703
City-State-Zip: ENTERPRISE AL 36330

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: /S/ BRANDON ROBERTS, PHD

PRESIDENT

03/01/2016

Electronic Signature of Signing Officer/Director Detail

Date