2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90180 049 ****61.25

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01282005 Chg-NP CR2E037 (10/03)

DOCUMENT # 764740

1. Entity Name
WHITE CLIFFS OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2313 W. CO. HWY 30A SANTA ROSA BEACH, FL 32459 US	~~% DUNE ALLEN REALTY~~ ~~5200 W HWY G30A~~ ~~SANTA ROSA BEACH, FL 32459~~ US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. BOX 4703 Suite, Apt. #, etc.
City & State	City & State: SANTA ROSA BEACH FL
Zip / Country	Zip: 32459-4703 / Country

4. FEI Number: 59-2493721 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~DUNE ALLEN REALTY~~ ~~5200 W HWY G30A~~ ~~SANTA ROSA BEACH~~, FL 32459	Name: WALTER R. PRITCHETT Street Address (P.O. Box Number is Not Acceptable) 5311 E. CO. HWY 30-A, STE 3 City: SANTA ROSA BEACH FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: WALTER R PRITCHETT 3/21/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS MCCALL, EARL P.O. BOX 71468 ALBANY, GA 31708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOWELL, JACK 407 E SIXTH AVE TALLAHASSEE, FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOHL, LES 943 NORRINGTON WAY FENTON, MO 63026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOWARD, WYN P.O. BOX 55748 METAIRIE, LA 70055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV WILLIAMSON, TOMMY 3512 KINGS HILL RD BIRMINGHAM, AL 35242	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BROCK, DAVID 216 SYLVAN DR LOOKOUT MOUNTAIN, TN 37350	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 like empowered.

SIGNATURE: ERNEST E. HOWARD III, President 4/26/05 850-231-6007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #