2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#764740

FILED Apr 28, 2009 Secretary of State

Entity Name: WHITE CLIFFS OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2313 W. CO. HWY 30A

SANTA ROSA BEACH, FL 32459 US

Current Mailing Address: New Mailing Address:

P. O. BOX 4785

SANTA ROSA BEACH, FL 32459 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HERR, LENORA K
407 WOODBEACH DRIVE
59 CANAL STREET

SANTA ROSA BEACH, FL 32459 US SANTA ROSA BEACH, FL 32459 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: DAVID LEUZE 04/28/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DP () Delete Title: D (X) Change () Addition

 Name:
 WILLIAMSON, JAMES T
 Name:
 WILLIAMSON, JAMES T

 Address:
 3512 KINGS HILL ROAD
 Address:
 3512 KINGS HILL ROAD

 City-St-Zip:
 BIRMINGHAM, AL 35223
 City-St-Zip:
 BIRMINGHAM, AL 35223

Title: DV () Delete Title: () Change () Addition

 Name:
 BERMAN, FLOYD
 Name:

 Address:
 3515 RIVER BEND ROAD
 Address:

 City-St-Zip:
 BIRMINGHAM, AL 35423
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf DP} \qquad {\sf (A) Change (A) Addition}$

 Name:
 TORREY, RANDY
 Name:
 TORREY, RANDY

 Address:
 P. O. BOX 1621
 Address:
 P. O. BOX 1621

City-St-Zip: SANTA ROAS BEACH, FL 32459 City-St-Zip: SANTA ROAS BEACH, FL 32459

Title: DST () Delete Title: () Change () Addition

 Name:
 HOWARD, WYN
 Name:

 Address:
 P. O. BOX 55748
 Address:

 City-St-Zip:
 METAIRIE, LA 70055
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 HOHL, LESTER
 Name:

 Address:
 943 NORRINGTON WAY
 Address:

 City-St-Zip:
 FENTON, MO 63026
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RANDY TORREY PRES 04/28/2009