

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 27 PM 4:12

DOCUMENT # N93000004599 (7)

1. Corporation Name

**THE VILLAGE OF WHITE CLIFFS OWNERS' ASSOCIATION,
INC.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/05/1993	3a. Date of Last Report 04/29/1994
4. FBI Number 59-3212768	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

Principal Place of Business RT 2 BOX 7750 SANTA ROSA BEACH FL 32459	Mailing Address RT 2 BOX 7750 SANTA ROSA BEACH FL 32459
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent BERMAN, FLOYD B RT 2 BOX 7750 SANTA ROSA BEACH FL 32459

10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BERMAN, FLOYD B	1.2 NAME	
STREET ADDRESS	RT 2 BOX 7750	1.3 STREET ADDRESS	
CITY- ST- ZIP	SANTA ROSA BEACH FL 32459	1.4 CITY- ST- ZIP	
TITLE	VDST	2.1 TITLE	☐ Change ☐ Addition
NAME	BERMAN, SHULAMITH G	2.2 NAME	
STREET ADDRESS	RT 2 BOX 7750	2.3 STREET ADDRESS	
CITY- ST- ZIP	SANTA ROSA BEACH FL 32459	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BERMAN GK A.	3.2 NAME	
STREET ADDRESS	RT. BOX 7750	3.3 STREET ADDRESS	
CITY- ST- ZIP	SANTA ROSE BCH., FL 32459	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Floyd B. Berman

Date

Daytime Phone #