SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Aug 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004599 (7)

1. Corporation Name

THE VILLAGE OF WHITE CLIFFS OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
RT 2 BOX 7750 SANTA ROSA BEACH FL 32459	RT 2 BOX 7750 SANTA ROSA BEACH FL 32459

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/05/1993
3a. Date of Last Report: 03/17/1996

2. Principal Place of Business
21: 80 WHITE CLIFFS BLVD
22: Suite, Apt. #, etc.
23: SANTA ROSA BEACH, FL
24: Zip 32459
25: Country USA

2a. Mailing Address
26: 80 WHITE CLIFFS BLVD
27: Suite, Apt. #, etc.
28: SANTA ROSA BEACH, FL
29: Zip 32459
30: Country USA

4. FEI 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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

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: GENE MORRIS
82 Street Address (P.O. Box Number is Not Acceptable): 3877 INDIAN TRAIL
83:
84 City: DESTIN FL 85 Zip Code: 32541

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: K Eugene Morris, MANAGER — K. EUGENE MORRIS — 7/29/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAYNES, RUSSELL N 3529 MILL RUN CIRCLE BIRMINGHAM AL 35223	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D FLOYD BERMAN 3515 RIVERBEND ROAD BIRMINGHAM, AL 35245	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FORD, JAMES 3829 NORTH STRATFORD RD. ATLANTA GA 30342	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D NORMAN KOERNER PO BOX 11169 SPRING, TX 77391 N/A	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FITZGERALD, ROBERT 25 HAMPTON WAY DOTHAN AL 36301	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D/T/S FITZGERALD, ROBERT	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/97)

14. I do 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 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: [illegible] REQUIRED