SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 23, 1999 8:00 am
Secretary of State
07-23-1999 90003 037 ****61.25

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DOCUMENT # N93000004599

1. Corporation Name
THE VILLAGE OF WHITE CLIFFS OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
80 WHITE CLIFFS BLVD SANTA ROSA BEACH FL 32459 US	80 WHITE CLIFFS BLVD SANTA ROSA BEACH FL 32459 US

2. Principal Place of Business 21 90 WHITE CLIFFS BLVD	2a. Mailing Address 26 90 WHITE CLIFFS BLVD	3. Date Incorporated or Qualifed 10/05/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3212768 ☐ Applied For ☐ Not Applicable
City & State 23 SAME	City & State 28 SAME	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 SAME 25 SAME	Zip / Country 29 SAME 30 SAME	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MORRIS, GENE 3877 INDIAN TRAIL DESTIN FL 32541	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HAYNES, RUSSELL N		1.2 NAME	
STREET ADDRESS	3529 MILL RUN CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35223		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FORD, JAMES		2.2 NAME	
STREET ADDRESS	3829 NORTH STRATFORD RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30342		2.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FITZGERALD, ROBERT		3.2 NAME	
STREET ADDRESS	25 HAMPTON WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL		3.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MARINO, DON		4.2 NAME	
STREET ADDRESS	4322 OLD BROOK TRAIL		4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35243		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KOERNER, NORMAN		5.2 NAME	
STREET ADDRESS	P O BOX 11189 N/A		5.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING TX		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (5/99)

14. 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 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, with all other like empowered.

SIGNATURE: [signature] 7-12-99 850-267-3918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #