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

294231 - 90003 - 37

3. Date Incorporated or Qualifed

10/05/1993

59-3212768

4. FEI Number

DOCUMENT # N9300004599

1. Corporation Name

THE VILLAGE OF WHITE CLIFFS OWNERS' ASSOCIATION, INC.

Principal Place of Business

80 WHITE CLIFFS BLVD SANTA ROSA BEACH FL 32459

2. Principal Place of Business

Suite, Apt. #, etc.

90 WHITE CLEFFS BLUD

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

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MWHITE CLIFFS BLVD SANTA ROSA BEACH FL 32459

90 WHME CLIFFS BLVD

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DESTIN FL 32541 B8 City FL 85 Zip Code	Z		(21)					
Zip Country Zip Sant Zip Zip Sant Zip Z	City & State					5. Certifcate of Status Desired		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 81 Name MORRIS, GENE 3877 INDIAN TRAIL DESTIN FL. 32541 83 44 City FL. 85 Zip Code office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 617,0503, Florids Statutes. SIGNATURE Signature, typed or printed reams of registered agent and till of applications. OFFICERS AND DIRECTORS TILE PD. OFFICERS AND DIRECTORS TILE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS. 14. CITY-ST-ZIP TILE PD. OBLETE 11. TILE 12. OFFICERS AND DIRECTORS. 13. TILE 12. OFFICERS AND DIRECTORS. 14. CITY-ST-ZIP TILE 15.	<u>'</u>		20	Country	.	6 Station Compaign Financias		
9. Name and Address of Current Registered Agent MORRIS, GENE 3877 INDIAN TRAIL DESTIN FL 32541 1. 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 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 register agent. I am familiar with, and accept the obligations of, Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 register agent. I am familiar with, and accept the obligations of, Section 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent of the purpose of changing its registered agent and size if applicable. 1. 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 agent and size if applicable. 1. 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 agent and size if applicable. 1. 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 agent and size if applicable. 1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment agent agent and size if applicable to the purpose of changing its registered agent agent and size if applicable to the purpose of changing its registered agent agent agent agent agent agent agent	- · -	. — .		'		11		•
MORRIS, GENE 3877 INDIAN TRAIL DESTIN FL 32541 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip Code 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 register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, Ithe above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or prised name of registered agent and title if applicable. (NOTE Registered Agent agreeture required when revisitable) DATE 2. OFFICERS AND DIRECTORS TREE PD			[29] - · · · ·	30				31 000
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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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-99

837 -347 -39/8

E037 (5/99)

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Applied For

Not Applicable