2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004599 1. Entity Name THE VILLAGE OF WHITE CLIFFS OWNERS' ASSOCIATION. Principal Place of Business Mailing Address 90 WHITE CLIFFS BLVD 90 WHITE CLIFFS BLVD SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip

Country

9. Election Campaign Financing

Trust Fund Contribution.

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Name

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NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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STREET ADDRESS CITY-ST-ZIP

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CITY-ST-ZIP

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

FILE NOW:

FEE IS \$61.25

HAYNES, RUSSELL N

3529 MILL RUN CIRCLE

BIRMINGHAM AL 35223

ATLANTA GA 30342

FITZGERALD, ROBERT

4322 OLD BROOK TRAIL

BIRMINGHAM AL 35243

KOERNER, NORMAN

P O BOX 11189 N/A

SPRING TX

25 HAMPTON WAY

DOTHAN AL

MARINO, DON

3829 NORTH STRATFORD RD.

FORD, JAMES

Zip

MORRIS, GENE 3877 INDIAN TRAIL DESTIN FL 32541

SIGNATURE

#132K

10.

TITLE

NAME

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NAME STREET ADDRESS

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CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIE

STREET ADDRESS

VD.

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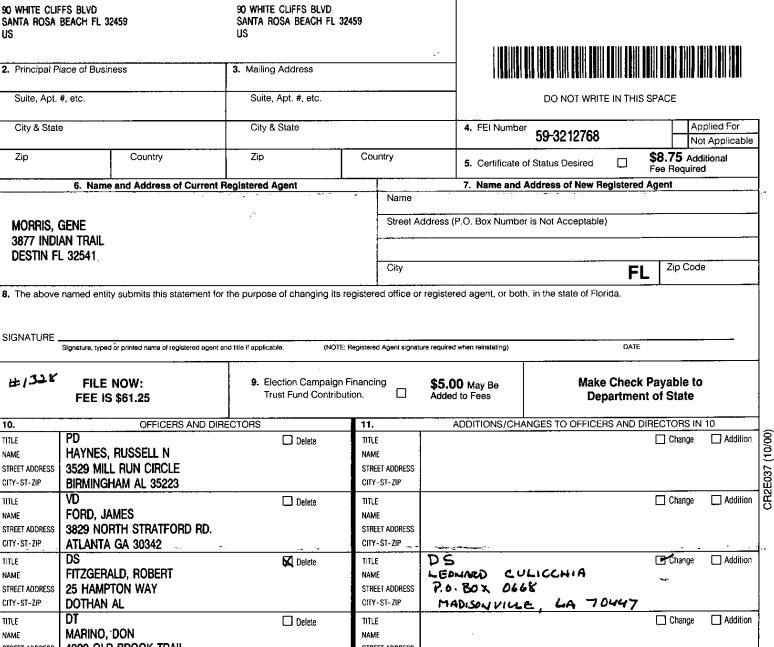
CITY-ST-ZIE

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

FILED Jan 29, 2001 8:00 am Secretary of State

01-29-2001 90081 004 ****61.25



12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment wiff an address, with all other like empowered

CITY-ST-ZIP

1-18-01 Date

Change

Change

☐ Addition

☐ Addition