2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State
01-29-2002 90013 039 ****61.25

DOCUMENT # N93000004599

1. Entity Name

THE VILLAGE OF WHITE CLIFFS OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
90 WHITE CLIFFS BLVD SANTA ROSA BEACH FL 32459 US	90 WHITE CLIFFS BLVD SANTA ROSA BEACH FL 32459 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3212768 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORRIS, GENE 3877 INDIAN TRAIL DESTIN, FL 32541	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAYNES, RUSSELL N 3529 MILL RUN CIRCLE BIRMINGHAM AL 35223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FORD, JAMES 3829 NORTH STRATFORD RD. ATLANTA GA 30342	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FORD, JAMES 4344 TOWN COMMONS CIRCLE ATLANTA, GA 30319	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS FITZGERALD, ROBERT P O BOX 0668 MADISONVILLE LA 70447	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST CULICCHIA, LEONARD 405 BORDEAUX STREET MADISONVILLE, LA 70447	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT MARINO, DON 4322 OLD BROOK TRAIL BIRMINGHAM AL 35243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARINO, DON P.O. BOX 430684 BIRMINGHAM, AL 35243-1684	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOERNER, NORMAN P O BOX 11189 N/A SPRING TX	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 with an address, with all other like empowered.

SIGNATURE: Russell N. Haynes 1-14-02 850-267-3918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #