2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90670 014 ****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

04262004 Chg-NP CR2E037-(10/03)

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

MORRIS, GENE
3877 INDIAN TRAIL
DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name David Leuze
Street Address (P.O. Box Number is Not Acceptable)
90 White Cliffs Blvd
City Santa Rosa Beach FL Zip Code 32459

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE David Leuze DAVID LEUZE 4/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BROCKETT, DAVID 171 WHITE CLIFFS BLVD. SANTA ROSA BEACH, FL 32459	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Joe Smith 135 White Cliffs Blvd Santa Rosa Beach Fl 32459	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARINO, DON P.O. BOX 430184 BIRMINGHAM, AL 352431184	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LARUSSA, BONNY P.O. BOX 43604 BIRMINGHAM, AL 35243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAMNES, RUSSELL 3527 MILL RUN CIRCLE BIRMINGHAM, AL 35223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Hayes 908 Frontier Dr Pelham AL 35124	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OPAR, MICHAEL 28527 N. SEMINOLE COURT IVANHOE, IL 60060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Mike Opar Mike Opar 4/29/04 267-3918
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #