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ANNUAL REPORT	IION
OCUMENT # N0300004500	THE

		· · · · · · · · · · · · · · · · · · ·		Secretary of State	
DOCUMENT # N9300004599 1. Entity Name THE VILLAGE OF WHITE CLIFFS OWNERS' ASSOCIATION, INC.			04-28-2008 90366 014 ****61.25		
90 WHITE CL	e of Business IFFS BLVD BEACH, FL 32459 US	Mailing Address 90 WHITE CLIFFS BLVD SANTA ROSA BEACH, FL	32459 US		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	· · · · · ·		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u>.</u>	 04222008 Chg-NP CR2E037 (12/06)	
City & Stat	e	City & State		4. FEI Number Applied For 59-3212768 Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent	· · · · · · · · · · · · · · · · · · ·	7. Name and Address of New Registered Agent	
·- ·- ·- ·- · · · · · · · · · · · · · ·		<u> </u>	Name /	7 '/	
LENZE, DAVID 90 WHITE CLIFFS BLVD SANTA ROSA BEACH, FL 32459 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or priviled name of registered agentment 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 Signature, typed or priviled name of registered agentment 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 the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with accept the obligations of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with accept the obligations of the purpose of changing its registered agent, or both accept the purpose of the purpos					
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co		\$5.00 May Be Added to Fees Florida Department of State	
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D :: MCDERMOTT, TIM 4564 ORTEGA BLVD	☐ Delete	TITLE NAME	☐ Change ☐ Addition	
TITLE	I JACKSONVILLE, FL 32210		STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL 32210 DT HOPKINS, ED 104 WHITECLIFFS DR. SANTA ROSA BEACH, FL 32459	☐ Deliste	STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Change ☐ Addition	
NAME STREET ADDRESS	DT HOPKINS, ED 104 WHITECLIFFS DR.	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DT HOPKINS, ED 104 WHITECLIFFS DR. SANTA ROSA BEACH, FL 32459 DV PRATHER, ANITA 45 WHITE CLIFFS CREST	☐ Delete ☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DT HOPKINS, ED 104 WHITECLIFFS DR. SANTA ROSA BEACH, FL 32459 DV PRATHER, ANITA 45 WHITE CLIFFS CREST SANTA ROSA BEACH, FL 32459 DS EMERICK, JAMES 38 WHITE CLIFFS BLVD	☐ Delete ☐ Delete ☐ Delete ☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DT HOPKINS, ED 104 WHITECLIFFS DR. SANTA ROSA BEACH, FL 32459 DV PRATHER, ANITA 45 WHITE CLIFFS CREST SANTA ROSA BEACH, FL 32459 DS EMERICK, JAMES 38 WHITE CLIFFS BLVD SANTA ROSA BEACH, FL 32459 DP OPAR, MICHAEL 67 WHITE CLIFFS BLVD	☐ Delete ☐ Delete ☐ Delete ☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition☐ Change ☐ Chang	