2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N93000004599

Entity Name: THE VILLAGE OF WHITE CLIFFS OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

90 WHITE CLIFFS BLVD
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

90 WHITE CLIFFS BLVD
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 59-3212768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEUZE, DAVID
90 WHITE CLIFFS BLVD
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MCDERMOTT, TIM
Address: 4564 ORTEGA BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: DT ( ) Delete
Name: HOPKINS, ED
Address: 104 WHITECLIFFS DR.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DV ( ) Delete
Name: PRATHER, ANITA
Address: 45 WHITE CLIFFS CREST
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DS (X) Delete
Name: EMERICK, JAMES
Address: 38 WHITE CLIFFS BLVD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DP ( ) Delete
Name: OPAR, MICHAEL
Address: 67 WHITE CLIFFS BLVD
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change ( ) Addition
Name: MCDERMOTT, TIM
Address: 4564 ORTEGA BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL N OPAR PRES 04/21/2009

Electronic Signature of Signing Officer or Director — Date