2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State
01-13-2003 90445 017 ****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

☐ CHECK HERE IF MAKING CHANGES

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

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 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 HAYNES, RUSSELL N 3529 MILL RUN CIRCLE BIRMINGHAM AL 35223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVID BROCKETT 171 WHITE CLIFFS BLVD. SANTA ROSA BEACH, FL 32459	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FORD, JAMES 4344 TOWN CORNERS CIRCLE ATLANTA GA 30319	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DON MARINO PO BOX 430184 BIRMINGHAM, AL 35243-1184	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARINO, DON P.O. BOX 43084 BIRMINGHAM AL 35243	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D BENNY LARUSSA PO BOX 43604 BIRMINGHAM, AL 35243	☐ 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	D RUSSELL HAYNES 3529 MILL RUN CIRCLE BIRMINGHAM, AL 35223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CULICCHIA, LEONARD 405 BORDEAUX STREET MADISONVILLE LA 70447	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHAEL OPRR 28527 N. SEMINOLE COURT IVANHOE, IL 60060	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED 1-6-03 850-267-0908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #