

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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**Current Mailing Address:**90 WHITE CLIFFS BLVD
SANTA ROSA BEACH, FL 32459 US**FEI Number:** 59-3212768**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARINO, BERNIE
90 WHITE CLIFFS BLVD
SANTA ROSA BEACH, FL 32459 US*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:** BERNIE MARINO

01/30/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DVP
Name	HOPKINS, ED
Address	104 WHITECLIFFS DR.
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	DT
Name	JOUBERT, TIM
Address	40 WHITE CLIFFS DR.
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	DIRECTOR
Name	VOIGT, NICK
Address	370 TOURNAMENT PLAYERS DR.
City-State-Zip:	MILTON GA 30004

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

Title	DS
Name	BROUSSARD, LEAH
Address	38 WHITE CLIFFS DR.
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	DIRECTOR
Name	PRATHER, ANITA
Address	45 WHITE CLIFFS CREST
City-State-Zip:	SANTA ROSA BEACH FL 32459

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL OPAR

PRESIDENT

01/30/2015

Electronic Signature of Signing Officer/Director Detail

Date