

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004599

Entity Name: THE VILLAGE OF WHITE CLIFFS OWNERS' ASSOCIATION, INC.**FILED**
May 05, 2020
Secretary of State
3872182626CC**Current Principal Place of Business:**10221 EMERALD COAST PARKWAY W
SUITE 5
MIRAMAR BEACH, FL 32550**Current Mailing Address:**10221 EMERALD COAST PARKWAY W
SUITE 5
MIRAMAR BEACH, FL 32550 US**FEI Number: 59-3212768****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GELDER, JAY
10221 EMERALD COAST PARKWAY W
SUITE 5
MIRAMAR BEACH, FL 32550 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: JAY GELDER****05/05/2020**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	OPAR, MICHAEL
Address	10221 EMERALD COAST PARKWAY W SUITE 5
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	SECRETARY, TREASURER
Name	DALY, ED
Address	10221 EMERALD COAST PARKWAY W SUITE 5
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	DIRECTOR
Name	CAKE, CHERYL
Address	10221 EMERALD COAST PARKWAY W SUITE 5
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	DIRECTOR
Name	BURGNER, BOBBY
Address	10221 EMERALD COAST PARKWAY W SUITE 5
City-State-Zip:	MIRAMAR BEACH FL 32550

Title	VP
Name	FLEENOR, MIKE
Address	10221 EMERALD COAST PARKWAY W SUITE 5
City-State-Zip:	MIRAMAR BEACH FL 32550

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****05/05/2020**

Electronic Signature of Signing Officer/Director Detail

Date