

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **732489** (0)  
1. Corporation Name  
**WES VIC HOLIDAY SANDS PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business: 1822 SUNNY OAK STREET, GULF BREEZE FL 32561  
Mailing Address: 1822 SUNNY OAK STREET, GULF BREEZE FL 32561

3. Date Incorporated or Qualified: 04/17/1975  
3a. Date of Last Report: 03/14/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-2451418  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **CALLIS, WILLIAM, SR. 1751 SUNCREST ST. GULF BREEZE FL 32561**  
10. Name and Address of New Registered Agent: **Glenn Lambeth 1704 Sunny Oak St Gulf Breeze, Fl. 32561**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE: *William Callis* President Wes Vic  
DATE: 14 MAR 96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TS NAME: JAYNE LAMBETH STREET ADDRESS: 1704 SUNNY OAK ST CITY-ST-ZIP: GULF BREEZE FL 32561	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>P</b> NAME: CALLIS, WILLIAM, SR. STREET ADDRESS: 1751 SUNCREST ST. CITY-ST-ZIP: GULF BREEZE FL 32561	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b> NAME: DOWLING, PETER STREET ADDRESS: 164 SPENCER ST. CITY-ST-ZIP: PACE FL 32570	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b> NAME: CALLIS, BILL JR STREET ADDRESS: 7209 SUFFOLK D CITY-ST-ZIP: NEW ORLEANS LA 70126	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D-P</b> NAME: GLENN LAMBETH STREET ADDRESS: 1704 SUNNY OAK ST CITY-ST-ZIP: GULF BREEZE FL 32561	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>DV</b> NAME: ROGERS, GENE STREET ADDRESS: 1633 SUNCREST ST. CITY-ST-ZIP: GULF BREEZE FL 32561	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Callis* President Wes Vic  
DATE: 14-07-96 9049294469

CR2E037 (12/95)