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Feb 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **732489** **(0)**

1. Corporation Name

WES VIC HOLIDAY SANDS PROPERTY OWNERS' ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
1822 SUNNY OAK STREET GULF BREEZE FL 32561	1822 SUNNY OAK STREET GULF BREEZE FL 32561-9056

3. Date Incorporated or Qualified: 04/17/1975
3a. Date of Last Report: 03/20/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-2451418 ☐ Applied For ☐ Not Applicable

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

LAMBETH, GLENN
1704 SUNNY OAK ST
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name: Clifford J. Zerangue
82 Street Address (P.O. Box Number is Not Acceptable): 1734 Sunny Oak St
83:
84 City: Gulf Breeze FL 85 Zip Code: 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: Clifford J. Zerangue — Clifford J. Zerangue — 2/4/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JAYNE LAMBETH		1.2 NAME	
STREET ADDRESS	1704 SUNNY OAK ST		1.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL		1.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	2.1 TITLE	Pres. ☒ Change ☐ Addition
NAME	CALLIS, WILLIAM, SR.		2.2 NAME	Clifford J. Zerangue
STREET ADDRESS	1751 SUNCREST ST.		2.3 STREET ADDRESS	1734 Sunny Oak St.
CITY-ST-ZIP	GULF BREEZE FL		2.4 CITY-ST-ZIP	Gulf Breeze, Fl. 32561
TITLE	D	☒ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	DOWLING, PETER		3.2 NAME	Gerald Till
STREET ADDRESS	164 SPENCER ST.		3.3 STREET ADDRESS	1758 Sunny Oak
CITY-ST-ZIP	PACE FL 32570		3.4 CITY-ST-ZIP	Gulf Breeze, Fl. "
TITLE	D	☒ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	CALLIS, BILL JR		4.2 NAME	Willis Horton
STREET ADDRESS	7209 SUFFOLK D		4.3 STREET ADDRESS	1575 Suncrest St.
CITY-ST-ZIP	NEW ORLEANS LA 70126		4.4 CITY-ST-ZIP	Gulf Breeze St. 32561
TITLE	P	☒ DELETE	5.1 TITLE	☒ Change ☐ Addition
NAME	GLENN LAMBETH		5.2 NAME	Terry Weeks
STREET ADDRESS	1704 SUNNY OAK ST		5.3 STREET ADDRESS	1811 Sunny Oak St.
CITY-ST-ZIP	GULF BREEZE FL		5.4 CITY-ST-ZIP	Gulf Breeze, Fl. 32561
TITLE	DV	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ROGERS, GENE		6.2 NAME	200002094842
STREET ADDRESS	1633 SUNCREST ST.		6.3 STREET ADDRESS	-02/21/97--01085--024
CITY-ST-ZIP	GULF BREEZE FL 32561		6.4 CITY-ST-ZIP	***61.25

CR2E037 (9/96)

14. I do 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 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: Clifford J. Zerangue — 2/4/97 — 904-939-1133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0074230