

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 04/17/1975	
4. FEI Number 59-2451418	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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9. Name and Address of Current Registered Agent
**ZERANGUE, CLIFFORD J
1734 SUNNY OAK ST
GULF BREEZE FL 32561**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TS <input checked="" type="checkbox"/> DELETE	1.1 TITLE JAMES LAMBETH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAYNE LAMBETH	1.2 NAME 1710 SUNNY OAK ST
STREET ADDRESS	1704 SUNNY OAK ST	1.3 STREET ADDRESS GULF BREEZE FL
CITY-ST-ZIP	GULF BREEZE FL	1.4 CITY-ST-ZIP 32561
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZERANGUE, CLIFFORD J	2.2 NAME
STREET ADDRESS	1734 SUNNY OAK ST	2.3 STREET ADDRESS
CITY-ST-ZIP	GULF BREEZE FL 32561	2.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILL, GERALD	3.2 NAME
STREET ADDRESS	1758 SUNNY OAK	3.3 STREET ADDRESS
CITY-ST-ZIP	GULF BREEZE FL	3.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORTON, WILLIS	4.2 NAME
STREET ADDRESS	1575 SUNCREST ST	4.3 STREET ADDRESS
CITY-ST-ZIP	GULF BREEZE FL 32561	4.4 CITY-ST-ZIP
TITLE	P <input checked="" type="checkbox"/> DELETE	5.1 TITLE TS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, TERRY	5.2 NAME MARLENE M. OTT
STREET ADDRESS	1811 SUNNY OAKS ST	5.3 STREET ADDRESS 1741 SUNNY OAK ST
CITY-ST-ZIP	GULF BREEZE FL 32561	5.4 CITY-ST-ZIP GULF BREEZE FL 32561
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, GENE	6.2 NAME
STREET ADDRESS	1633 SUNCREST ST.	6.3 STREET ADDRESS
CITY-ST-ZIP	GULF BREEZE FL 32561	6.4 CITY-ST-ZIP

14. 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 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: *Marlene M. Ott* 2-10-98 850 936 9268

CR2E037 (10/97)