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Mar 08, 1999 8:00 am
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03-08-1999 90093 022 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 732489

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/17/1975

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P NAME JAYNE LAMBETH STREET ADDRESS 1710 SUNNY OAK ST. CITY-ST-ZIP GULF BREEZE FL 32561

TITLE P NAME ZERANGUE, CLIFFORD J STREET ADDRESS 1734 SUNNY OAK ST CITY-ST-ZIP GULF BREEZE FL 32561

TITLE D NAME TILL, GERALD STREET ADDRESS 1758 SUNNY OAK GULF BREEZE FL CITY-ST-ZIP

TITLE D NAME HORTON, WILLIS STREET ADDRESS 1575 SUNCREST ST CITY-ST-ZIP GULF BREEZE FL 32561

TITLE TS NAME MARLENE M. OTT STREET ADDRESS 1741 SUNNY OAK ST. CITY-ST-ZIP GULF BREEZE FL 32561

TITLE DV NAME ROGERS, GENE STREET ADDRESS 1633 SUNCREST ST. CITY-ST-ZIP GULF BREEZE FL 32561

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P NAME JAMES LAMBETH STREET ADDRESS 1710 SUNNY OAK ST CITY-ST-ZIP GULF BREEZE FL 32561

2.1 TITLE BD NAME HELEN ZERANGUE STREET ADDRESS 1734 SUNNY OAK ST CITY-ST-ZIP GULF BREEZE, FL 32561

3.1 TITLE BD NAME GENE WADE

4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE V NAME RAYMOND C. OTT STREET ADDRESS 1741 SUNNY OAK ST CITY-ST-ZIP GULF BREEZE, FL 32561

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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

2/22/99

Date

Daytime Phone #

CR2E037 (11/98)