

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90102 034 ****61.25

DOCUMENT # 732489

1. Entity Name

WES VIC HOLIDAY SANDS PROPERTY OWNERS' ASSOCIATI

Principal Place of Business

1822 SUNNY OAK STREET
 GULF BREEZE FL 32561

Mailing Address

1822 SUNNY OAK STREET
 GULF BREEZE FL 32561-9056

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2451418

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ZERANGUE, CLIFFORD J
 1734 SUNNY OAK ST
 GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	LAMBETH, JAMES	
STREET ADDRESS	1710 SUNNY OAK ST.	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	BD	<input checked="" type="checkbox"/> Delete
NAME	ZERANGUE, HELEN	
STREET ADDRESS	1734 SUNNY OAK ST	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	BD	<input type="checkbox"/> Delete
NAME	WADE, GENE	
STREET ADDRESS	1758 SUNNY OAK	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HORTON, WILLIS	
STREET ADDRESS	1575 SUNCREST ST	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	TS	<input type="checkbox"/> Delete
NAME	MARLENE M. OTT	
STREET ADDRESS	1741 SUNNY OAK ST.	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	V	<input type="checkbox"/> Delete
NAME	OTT, RAYMOND C	
STREET ADDRESS	1741 SUNNY OAK STREET	
CITY-ST-ZIP	GULF BREEZE FL 32561	

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lambeth, James	
STREET ADDRESS	1710 Sunny Oak	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	BD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rogers, John	
STREET ADDRESS	2378 Mosier Blvd	
CITY-ST-ZIP	Navarre, FL 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Callis, Wm. Jr.	
STREET ADDRESS	1759 Sunny Oak St Suncrest	
CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ott, Raymond C	
STREET ADDRESS	1741 Sunny Oak St	
CITY-ST-ZIP	Gulf Breeze FL 32561	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-00

Date

850-936 9268

Daytime Phone #