

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90013 033 ****61.25

DOCUMENT # 732489

1. Entity 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

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

32563

Country

Zip

32563

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

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

32563

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 **BD** Delete
 NAME **NORTON, GRADY**
 STREET ADDRESS **1706 SUNCREST ST**
 CITY-ST-ZIP **GULF BREEZE FL 32563**

TITLE Change Addition
 NAME **GRADY NORTON**
 STREET ADDRESS **1706 SUNCREST ST**
 CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **BD** Delete
 NAME **POWELL, RALPH**
 STREET ADDRESS **1703 SUNCREST ST**
 CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **BD** Change Addition
 NAME **JANE LAMBETH**
 STREET ADDRESS **1704 SUNNY OAK ST**
 CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **BD** Delete
 NAME **WADE, GENE**
 STREET ADDRESS **1758 SUNNY OAK**
 CITY-ST-ZIP **GULF BREEZE FL 32563**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32563**

TITLE **V** Delete
 NAME **CALLIS, WM JR**
 STREET ADDRESS **1759 SUNCREST**
 CITY-ST-ZIP **GULF BREEZE FL 32563**

TITLE **BD** Change Addition
 NAME **DOT NORTON**
 STREET ADDRESS **1706 SUNCREST ST**
 CITY-ST-ZIP **GULF BREEZE FL 32563**

TITLE **TS** Delete
 NAME **MARLENE M. OTT**
 STREET ADDRESS **1741 SUNNY OAK ST.**
 CITY-ST-ZIP **GULF BREEZE FL 32563**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32563**

TITLE **P** Delete
 NAME **OTT, RAYMOND C**
 STREET ADDRESS **1741 SUNNY OAK STREET**
 CITY-ST-ZIP **GULF BREEZE FL 32563**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **32563**

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 like empowered.

SIGNATURE:

Signature of Raymond C. Ott
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-02 809369268

Date

Daytime Phone #

CR2E037 (9/01)