

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90225 008 ****61.25

DOCUMENT # 732489
 1. Entity Name
WES VIC HOLIDAY SANDS PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
1822 SUNNY OAK STREET
GULF BREEZE FL 32563

Mailing Address
1822 SUNNY OAK STREET
GULF BREEZE FL 32563

50040140



1st MOORE CR2E037 (10/04)

2. Principal Place of Business
1812 SUNNY OAK ST
 Suite, Apt. #, etc.
GULFBREEZE, FL
 City & State

3. Mailing Address
1812 SUNNY OAK ST
 Suite, Apt. #, etc.
GULFBREEZE, FL
 City & State

Zip **32563** Country **SANTA ROSA** Zip **32563** Country **SANTA ROSA**

4. FEI Number **59-2451418** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
ZERANGUE, CLIFFORD J
1734 SUNNY OAK ST
GULF BREEZE FL 32563

7. Name and Address of New Registered Agent
 Name **RAYMOND C. OTT**
 Street Address (P.O. Box Number is Not Acceptable)
1741 SUNNY OAK ST
 City **GULFBREEZE, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Raymond C. Ott* (NOTE: Registered Agent signature required when reinstating) DATE **2-17-05**

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	CALLIS, WM	
STREET ADDRESS	1759 SUNCREST ST	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE	BD	<input type="checkbox"/> Delete
NAME	DAVIS, JOAN	
STREET ADDRESS	1721 SUNCREST ST	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE	BD	<input type="checkbox"/> Delete
NAME	POWELL, RALPH	
STREET ADDRESS	1910 SUNNY OAK ST	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE	BD	<input type="checkbox"/> Delete
NAME	MARK, JOHN	
STREET ADDRESS	335 MARK RD	
CITY-ST-ZIP	WETUMPKA AL 36092	
TITLE	TS	<input type="checkbox"/> Delete
NAME	MARLENE M. OTT	
STREET ADDRESS	1741 SUNNY OAK ST.	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE	P	<input type="checkbox"/> Delete
NAME	OTT, RAYMOND C	
STREET ADDRESS	1741 SUNNY OAK STREET	
CITY-ST-ZIP	GULF BREEZE FL 32563	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Raymond C. Ott* **RAYMOND C. OTT** **2-17-05** **850.936.9268**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #