2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State
02-10-2003 90167 006 ****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 32563	1822 SUNNY OAK STREET GULF BREEZE FL 32563

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
ZERANGUE, CLIFFORD J 1734 SUNNY OAK ST GULF BREEZE FL 32563	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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NORTON, GRADY 1706 SUNCREST ST GULF BREEZE FL 32563	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~BD~~ V Wm-Callis 1759 Suncrest St Gulf Breeze, Fl 32563
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD LAMBETH, JANE 1704 SUNNY OAK ST GULF BREEZE FL 32563	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD Jran Davis 1721 Suncrest St Gulf Breeze, Fl 32563
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD WADE, GENE 1758 SUNNY OAK GULF BREEZE FL 32563	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD Ralph Powell 1810 Sunny Oak St Gulf Breeze, Fl 32563
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD NORTON, DOT 1706 SUNCREST ST GULF BREEZE FL 32563	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BD John Mary 335 Mary Rd Wetumpka, al 36092
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS MARLENE M. OTT 1741 SUNNY OAK ST. GULF BREEZE FL 32563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P OTT, RAYMOND C 1741 SUNNY OAK STREET GULF BREEZE FL 32563	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037 (10/02)

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 REQUIRED _____ 02/04/2003 850-936-9268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #