

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732489

**Entity Name:** WES VIC HOLIDAY SANDS PROPERTY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1664 SUNNY OAK ST  
GULF BREEZE, FL 32563**Current Mailing Address:**1664 SUNNY OAK ST  
GULF BREEZE, FL 32563 US**FEI Number: 59-2451418****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KERRY ANNE SCHULTZ, ESQUIRE  
2779 GULF BREEZE PARKWAY  
GULF BREEZE, FL 32563 US*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: KERRY ANNE SCHULTZ****04/27/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	D
Name	SCHULER, MILES
Address	6243 GULF BREEZE PARKWAY
City-State-Zip:	GULF BREEZE FL 32563

Title	PRESIDENT
Name	ELLINGTON, DAVID
Address	1620 SUNNY OAK STREET
City-State-Zip:	GULF BREEZE FL 32563

Title	TREASURER, VP
Name	GREEN, KIM C
Address	1673 SUNNY OAK STREET
City-State-Zip:	GULF BREEZE FL 32563

Title	SECRETARY
Name	POWELL, NANCY
Address	1658 SUNNY OAK STREET
City-State-Zip:	GULF BREEZE FL 32563

Title	DIRECTOR
Name	FLOWERS, JAY
Address	PO BOX 997
City-State-Zip:	THOMASVILLE GA 31799

Title	DIRECTOR
Name	GRANGER , KATHY
Address	1594 SUNNY OAK STREET
City-State-Zip:	GULF BREEZE FL 32563

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE: ELLINGTON , DAVID****PRESIDENT****04/27/2021**

Electronic Signature of Signing Officer/Director Detail

Date