

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G40160** (5)

1. Corporation Name

WEST VIEW RIDGE RESORTS, INC.



Principal Place of Business

**3737 US 27 NORTH
HAINES CITY FL 33844-8841**

Mailing Address

**810 SYCAMORE ST
CINCINNATI OH 45202
US**

3. Date Incorporated or Qualified
05/19/1983

3a. Date of Last Report
08/07/1995

2. Principal Place of Business

2a. Mailing Address

21 **8011 Hamilton Avenue**

4. FEI Number
59-2315891

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**KLEKAMP, HARRY
3737 US HIGHWAY 27 NORTH
HAINES CITY FL 33844**

10. Name and Address of New Registered Agent

81 Name **Wayne H. Klekamp**
82 Street Address (P.O. Box Number is Not Acceptable)
3737 U.S. Highway 27 North
83
84 City **Haines City** FL 85 Zip Code **33844**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TO	<input type="checkbox"/> DELETE
NAME	KLEKAMP, VIRGINIA C	
STREET ADDRESS	11200 RIVER RD	
CITY- ST- ZIP	HARRISON, OH 63D	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KLEKAMP, WAYNE H	
STREET ADDRESS	11200 RIVER RD	
CITY- ST- ZIP	HARRISON OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PD
3.3 STREET ADDRESS	Kenneth Klekamp
3.4 CITY- ST- ZIP	8011 Hamilton Avenue
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Cincinnati, Ohio
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	300001821039
5.3 STREET ADDRESS	-05/14/96--01117--014
5.4 CITY- ST- ZIP	***200.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

KEN KLEKAMP President
Signature and typed or printed name of signing officer or director

3/22/96 (513) 521-7484
Date Daytime Phone

CR2E034 (12/95)