

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS

**FILED**

95 FEB 28 AM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004781 (0)

WEST COAST VILLAGE, INC.

DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| Principal Place of Business                 | Mailing Address                             |
| 1285 OYSTER COVE DRIVE<br>SARASOTA FL 34242 | 1285 OYSTER COVE DRIVE<br>SARASOTA FL 34242 |

|   |                                       |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified<br>09/26/1994   | 3a. Date of Last Report               |
| 4. FEI Number<br>59-3274198   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>   | \$8.75 Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>  | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip                        | 28. Zip                 |
| 24. Country                    | 25. Country             |
| 29. Country                    | 30. Country             |

9. Name and Address of Current Registered Agent

GEHLBACH, DONALD D  
1285 OYSTER COVE DRIVE  
SARASOTA FL 34242

10. Name and Address of New Registered Agent

01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City  
05 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature Speed or certified notice of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                              |
|----------------------------|------------------------------|
| TITLE                      | D                            |
| NAME                       | BRADLEY, STEVEN              |
| STREET ADDRESS             | 1950 LANDINGS BLVD SUITE 101 |
| CITY - ST - ZIP            | SARASOTA FL 34231            |
| TITLE                      | D                            |
| NAME                       | GEHLBACH, DONALD             |
| STREET ADDRESS             | 1285 OYSTER COVE DRIVE       |
| CITY - ST - ZIP            | SARASOTA FL 34242            |
| TITLE                      | D                            |
| NAME                       | GOBLE, ROSS L                |
| STREET ADDRESS             | 76 OSPREY PT DRIVE           |
| CITY - ST - ZIP            | OSPREY FL 34229              |
| TITLE                      | D                            |
| NAME                       | HANSEN, PAUL                 |
| STREET ADDRESS             | 946 MACEWEN DR               |
| CITY - ST - ZIP            | OSPREY FL 34229              |
| TITLE                      | D                            |
| NAME                       | HEISER, RON                  |
| STREET ADDRESS             | 5700 N TAMiami TR            |
| CITY - ST - ZIP            | SARASOTA FL 34243            |
| TITLE                      | D                            |
| NAME                       | MAHONEY, JOSPEH              |
| STREET ADDRESS             | 240 S PINEAPPLE AVE          |
| CITY - ST - ZIP            | SARASOTA FL 34236            |

| 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 type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY - ST - ZIP                                   |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY - ST - ZIP                                   |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY - ST - ZIP                                   |   |
| 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)(b), 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. If the name of 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 12 or Block 13 is changed, or on an attachment with an address.

SIGNATURE: Donald D. Gehlbach V. Pres. 2/21/95 813-546-2667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)