

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000004781 (0)**

1. Corporation Name  
**WEST COAST VILLAGE, INC.**



Principal Place of Business: **1285 OYSTER COVE DRIVE SARASOTA FL 34242**  
Mailing Address: **1285 OYSTER COVE DRIVE SARASOTA FL 34242**

3. Date Incorporated or Qualified: **09/26/1994**  
3a. Date of Last Report: **02/28/1995**

2. Principal Place of Business: **3948 Somerset Cove Dr**  
2a. Mailing Address: **3948 Somerset Cove Dr**

21. Suite, Apt. #, etc.: [Blank]  
22. City & State: **Sarasota FL**  
23. Zip: **34242**  
24. Country: [Blank]

4. FEI Number: **59-3274198**  
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  
**GEHLBACH, DONALD D  
1285 OYSTER COVE DRIVE  
SARASOTA FL 34242**

10. Name and Address of New Registered Agent  
81. Name: [Blank]  
82. Street Address (P.O. Box Number is Not Acceptable): **3948 Somerset Cove Dr.**  
83. [Blank]  
84. City: **Sarasota** FL 85. Zip Code: **34242**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [Signature] **V. Pres.** DATE: **3/1/96**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: <b>Joseph E Reynolds</b>	
1.3 STREET ADDRESS: <b>5176 W. sunnydale circle</b>	
1.4 CITY-ST-ZIP: <b>Sarasota, FL 34233</b>	
2.1 TITLE: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: [Blank]	
2.3 STREET ADDRESS: <b>3948 Somerset Cove Dr.</b>	
2.4 CITY-ST-ZIP: <b>Sarasota FL 34242</b>	
3.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: [Blank]	
3.3 STREET ADDRESS: [Blank]	
3.4 CITY-ST-ZIP: [Blank]	
4.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: [Blank]	
4.3 STREET ADDRESS: [Blank]	
4.4 CITY-ST-ZIP: [Blank]	
5.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: [Blank]	
5.3 STREET ADDRESS: [Blank]	
5.4 CITY-ST-ZIP: [Blank]	
6.1 TITLE: <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME: <b>Mary Louise Nugent</b>	
6.3 STREET ADDRESS: <b>3350 S. Osprey</b>	
6.4 CITY-ST-ZIP: <b>Sarasota, FL 34239</b>	

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)(4), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] **V. Pres.** DATE: **3/1/96**

CR2E037 (12/95)