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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000004781 (0)

WEST COAST VILLAGE, INC.



Principal Place of Business

Mailing Address

3948 SOMERSET COVE DRIVE
SARASOTA FL 34242
US

3948 SOMERSET COVE DRIVE
SARASOTA FL 34242
US

3. Date Incorporated or Qualified 09/26/1994	3a. Date of Last Report 03/05/1996
4. FEI Number 59-3274198	Applied For 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
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 Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEHLBACH, DONALD D
3948 SOMERSET COVE DRIVE
SARASOTA FL 34242

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

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 of the person in charge of registration (if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REYNOLDS, JOSEPH E	1.2 NAME	James C. Rutledge
STREET ADDRESS	5176 WEST SUNNYDALE CIRCLE	1.3 STREET ADDRESS	1801 Glengary St., Suite 202
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL 34231
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEHLBACH, DONALD	2.2 NAME	Don Muenzmay
STREET ADDRESS	3948 SOMERSET COVE DRIVE	2.3 STREET ADDRESS	3289 Fairhaven Lane
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	Sarasota, FL 34231
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOBLE, ROSS L	3.2 NAME	E.J. Ewing
STREET ADDRESS	76 OSPREY PT DRIVE	3.3 STREET ADDRESS	469 Yacht Harbor Dr.
CITY-ST-ZIP	OSPREY FL 34229	3.4 CITY-ST-ZIP	Osprey, FL 34229
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANSEN, PAUL	4.2 NAME	Charles J. Palmeri
STREET ADDRESS	946 MACEWEN DR	4.3 STREET ADDRESS	229 St. James Park
CITY-ST-ZIP	OSPREY FL 34229	4.4 CITY-ST-ZIP	Osprey, FL 34229
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEISER, RON	5.2 NAME	
STREET ADDRESS	5700 N TAMiami TR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUGENT, MARY L	6.2 NAME	
STREET ADDRESS	3350 SOUTH OSPREY	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	

14. I do 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 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]* U. Pres. 2/14/97 941-349-8045

CR2E037 (9/96)