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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPORATION
ANNUAL REPORT
1995



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

95 MAR 20 PM 2:12

DOCUMENT # 755930 (5)

1. Corporation Name
WEXFORD WEST HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business **Mailing Address**
 PO BOX 473 PO BOX 473
 PALM HARBOR FL 34682 PALM HARBOR FL 34682

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **3a. Date of Last Report**
 01/16/1981 03/04/1994

4. FEI Number **Applied For**
 59-2060768 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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

2. Principal Place of Business **2a. Mailing Address**

21 **26**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **27**

City & State City & State

23 **28**

Zip Country Zip Country

24 **25** **29** **30**

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**

STROHAUER, GARY N.
918 DREW STREET, SUITE A
CLEARWATER FL 34615

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **85 Zip Code**

FL

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D-P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLE, DAVID	1.2 NAME	CARL FOLKMAN
STREET ADDRESS	981 COURTLAND WAY	1.3 STREET ADDRESS	480 HADLEY DRIVE
CITY-ST-ZIP	PALM HARBOR, FL 00000	1.4 CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHELLER, JANET L	2.2 NAME	
STREET ADDRESS	1011 CHATHAM WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONE, PAMELA J	3.2 NAME	
STREET ADDRESS	441 FERNSHIRE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	D-T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENOX, JAMES	4.2 NAME	CHRISTOPHER A. MEIER
STREET ADDRESS	501 MERAVAL DRIVE	4.3 STREET ADDRESS	440 HADLEY DRIVE
CITY-ST-ZIP	PALM HARBOR, FL 00000	4.4 CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	PD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAUFFMAN, GARY D	5.2 NAME	P. GARY KAZANECKI
STREET ADDRESS	530 HADLEY DRIVE	5.3 STREET ADDRESS	525 DAVENTRY SQ.
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Christopher Meier* **3-1-95** **8/3**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
786-2275