

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **755930 (5)**
1. Corporation Name
WEXFORD WEST HOMEOWNERS' ASSOCIATION, INC.



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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	01/16/1981	03/20/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2060768	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	STEVEN H. MEZER, RA.		
		82 Street Address (P.O. Box Number is Not Acceptable)	1212 COURT ST SUITE B		
		83			
		84 City	CLEARWATER	FL	85 Zip Code 34616

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: *Steven H. Mezer* (Typed Name: STEVEN H. MEZER, Pres) DATE: 4/15/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOLKMAN, CARL	1.2 NAME	
STREET ADDRESS	480 HADLEY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHELLER, JANET L	2.2 NAME	D LOLLIS DESAULTELS
STREET ADDRESS	1011 CHATHAM WAY	2.3 STREET ADDRESS	540 RADNOR DR.
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	SD	3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMONE, PAMELA J	3.2 NAME	DIANE MAGEE
STREET ADDRESS	441 FERNSHIRE DRIVE	3.3 STREET ADDRESS	381 MERAUAN DR.
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	DT	4.1 TITLE	DTV <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEIER, CHRISTOPHER A.	4.2 NAME	
STREET ADDRESS	440 HADLEY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAZANECKI, GARY	5.2 NAME	
STREET ADDRESS	525 DAVENTRY SQUARE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	
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 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 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* (Typed Name: Christopher Meier) DATE: 4-11-96 TELEPHONE: 813-781-6427

CR2E037 (12/95)