

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 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 # 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 34682-0473
---	--

3. Date Incorporated or Qualified 01/16/1981	3a. Date of Last Report 04/19/1996
4. FEI Number 59-2060768	Applied For <input type="checkbox"/> 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 type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent MEZER, STEVEN H. 1242 COURT STREET SUITE B CLEARWATER FL 34616		10. Name and Address of New Registered Agent 81 Name Robert L Tankel 82 Street Address (P.O. Box Number is Not Acceptable) 1299 Main Street 83 Suite F 84 City Dunedin FL 85 34698	
--	--	---	--

11. Pursuant to the provisions of Sections 617.0507 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: *Robert L Tankel* **Robert L Tankel** DATE: **3/20/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP 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	<input type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D DESAUTELS, LOUIS	2.2 NAME	
STREET ADDRESS	540 RADNOR DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD MAGEE, DIANE	3.2 NAME	
STREET ADDRESS	381 MERAVAN DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DTV 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D 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	<input type="checkbox"/> DELETE	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 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: *Carl Folkman* **Carl Folkman** DATE: **2/6/97** DAYTIME PHONE # **789-5022**

CR2E037 (9/96)