

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
01/16/1981

4. FEI Number
59-2060768

Applied For	
Not Applicable	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**TANKEL, ROBERT L
 1299 MAIN ST.
 STE. F
 DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOLKMAN, CARL	1.2 NAME	LENOX, JAMES
STREET ADDRESS	480 HADLEY DRIVE	1.3 STREET ADDRESS	501 MERAVAN DRIVE
CITY-ST-ZIP	PALM HARBOR, FL 00000	1.4 CITY-ST-ZIP	PALM HARBOR, FL, 34683
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	SD <input type="checkbox"/> DELETE	3.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	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	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEIER, CHRISTOPHER A.	4.2 NAME	WRIGHT, FLORENCE
STREET ADDRESS	440 HADLEY DRIVE	4.3 STREET ADDRESS	470 HADLEY DRIVE
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	PALM HARBOR, FL, 34683
TITLE	D <input type="checkbox"/> DELETE	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	<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 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: *James Lenox* (JAMES LENOX - TREASURER) 2/23/98 (813) 789-2176

CR2E037 (10/97)