2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#755930

FILED Feb 22, 2006 Secretary of State

Entity Name: WEXFORD WEST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: PO BOX 473 PALM HARBOR, FL 34682 **Current Mailing Address: New Mailing Address:** PO BOX 473 PALM HARBOR, FL 34682 FEI Number: 59-2060768 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOLSON, JERROLD TANKEL, ROBERT L 1230 S MYRTLE AVE 1022 MAIN ST STE 105 SUITE D CLEARWATER, FL 33756 US DUNEDIN, FL 34698 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: ROBERT L. TANKEL 02/22/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition OLSON, CARL R Name: Name: 1011 CORTLAND WAY Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: DS () Delete Title: (X) Change () Addition FROMMER, MITCHELL Name: FROMMER, MITCHELL Name: Address: 970 CARDIGAN LANE Address: 970 CARDIGAN LANE City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: PALM HARBOR, FL 34683 Title: () Delete Title: DS (X) Change () Addition WAZELLE, JULES WHALLEY, ARTHUR Name: Name: 491 FERNSHIRE DRIVE Address: 411 MERAVAN CT Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: PALM HARBOR, FL 34683 Title: () Delete Title: () Change () Addition Name: ANDERSON, WILLIAM Name: 980 CORTLAND WAY Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: () Delete Title: (X) Change () Addition LENOX, JAMES POORMAN, KEVIN Name: Name: 360 FERNSHIRE CT 501 MATRAVAN DR Address: Address: PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL R. OLSON DT 02/22/2006