# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 14, 2007**
**Secretary of State**

DOCUMENT# 755930

**Entity Name:** WEXFORD WEST HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

PO BOX 473
PALM HARBOR, FL 34682

**New Principal Place of Business:**

1011 CORTLAND WAY
PALM HARBOR, FL 34683

**Current Mailing Address:**

PO BOX 473
PALM HARBOR, FL 34682

**New Mailing Address:**

**FEI Number: 59-2060768** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TANKEL, ROBERT L
1022 MAIN ST
SUITE D
DUNEDIN, FL 34698 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | DT | ( ) Delete |
| Name: | OLSON, CARL R | |
| Address: | 1011 CORTLAND WAY | |
| City-St-Zip: | PALM HARBOR, FL 34683 | |
| Title: | VP | ( ) Delete |
| Name: | FROMMER, MITCHELL | |
| Address: | 970 CARDIGAN LANE | |
| City-St-Zip: | PALM HARBOR, FL 34683 | |
| Title: | DS | ( ) Delete |
| Name: | WHALLEY, ARTHUR | |
| Address: | 491 FERNSHIRE DRIVE | |
| City-St-Zip: | PALM HARBOR, FL 34683 | |
| Title: | D | ( ) Delete |
| Name: | ANDERSON, WILLIAM | |
| Address: | 980 CORTLAND WAY | |
| City-St-Zip: | PALM HARBOR, FL 34683 | |
| Title: | P | ( ) Delete |
| Name: | POORMAN, KEVIN | |
| Address: | 360 FERNSHIRE CT | |
| City-St-Zip: | PALM HARBOR, FL 34683 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | VP | (X) Change ( ) Addition |
| Name: | BRATTEIG, THOMAS E | |
| Address: | 521 FERNSHIRE DRIVE | |
| City-St-Zip: | PALM HARBOR, FL 34683 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | D | (X) Change ( ) Addition |
| Name: | LENOX, JAMES T | |
| Address: | 501 MERAVAN DRIVE | |
| City-St-Zip: | PALM HARBOR, FL 34683 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| 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 02/14/2007

Electronic Signature of Signing Officer or Director — Date