## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#755930** 

FILED Feb 19, 2008 Secretary of State

Entity Name: WEXFORD WEST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	RTLAND WAY RBOR, FL 34				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 4 PALM HAF	173 RBOR, FL 34	682			
FEI Number	: 59-2060768	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
1022 MAIN SUITE D DUNEDIN	I, FL 34698 U		ourpose of changing its register	ed office or registered agent, or both,	
	e of Florida.	out the discontinuity of the p	an poor of changing to regioters	ou control of regions and agent, or bear,	
SIGNATUI					
	Electro	onic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DT ( OLSON, CAR 1011 CORTL/ PALM HARBO	ND WAY	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( BRATTEIG, TI 521 FERNSHI PALM HARBO	RE DRIVE	Title: Name: Address: City-St-Zip:	( ) Change() Addition	
Title: Name: Address: City-St-Zip:	DS ( WHALLEY, AI 491 FERNSHI PALM HARBO	RE DRIVE	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	LENOX, JAME 501 MERAVA	N DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P ( POORMAN, K 360 FERNSHI PALM HARBO	RE CT	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	

I hereby certify that the information supplied with this filing does not qualify 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 02/19/2008