

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755930

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: WEXFORD WEST HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1011 CORTLAND WAY  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**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: BRATTEIG, THOMAS E  
Address: 521 FERNSHIRE DRIVE  
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: LENOX, JAMES T  
Address: 501 MERA VAN DRIVE  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

TRES

01/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date