


FILE NOW: FILING FEE IS \$61.25

FILED
May 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N32370 (1)

1. Corporation Name
WEXFORD (BREVARD COUNTY) CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 205 BALLY SHANNON ST. #302 MELBOURNE BEACH FL 32951 US	Mailing Address 209 BALLY SHANNON ST. MELBOURNE BEACH FL 32951-3130 US
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 28 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 05/18/1989	3a. Date of Last Report 04/25/1996
22	27	4. FEI Number 59-2951471	Applied For Not Applicable
23	28	6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24	29	7. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GERALDINE PHIPPS
205 BALLYSHANNON ST.
MELBOURNE BEACH FL 32951**

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

TITLE	P <input type="checkbox"/> DELETE
NAME	KAPSCH, FRED
STREET ADDRESS	205 BALLYSHANNON ST., B102
CITY - ST - ZIP	MELBOURNE BEACH FL
TITLE	V <input type="checkbox"/> DELETE
NAME	CICCARONE, FRANCIS
STREET ADDRESS	215 BALLYSHANNON ST., C101
CITY - ST - ZIP	MELBOURNE BEACH FL
TITLE	T <input type="checkbox"/> DELETE
NAME	GERALDINE PHIPPS
STREET ADDRESS	205 BALLYSHANNON ST. B302
CITY - ST - ZIP	MELBOURNE BCH FL
TITLE	S <input type="checkbox"/> DELETE
NAME	BROWN, MARGARET
STREET ADDRESS	215 BALLY SHANNON ST. C202
CITY - ST - ZIP	MELBOURNE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KAPSCH, FRED
1.3 STREET ADDRESS	205 BALLYSHANNON ST., B102
1.4 CITY - ST - ZIP	MELBOURNE BEACH, FL 32951
2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CICCARONE, FRANCIS
2.3 STREET ADDRESS	205 BALLYSHANNON ST B102
2.4 CITY - ST - ZIP	MELBOURNE BEACH, FL 32951
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GERALDINE PHIPPS
3.3 STREET ADDRESS	205 BALLYSHANNON ST, B302
3.4 CITY - ST - ZIP	MELBOURNE BEACH, FL 32951
4.1 TITLE	S/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BROWN, MARGARET
4.3 STREET ADDRESS	215 BALLYSHANNON ST, C202
4.4 CITY - ST - ZIP	MELBOURNE BEACH, FL 32951
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: Geraldine Phipps Date: 7/8/97 Daytime Phone #: 407-951-8124

CR2E037 (9/96)