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**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90028 008 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N32370

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 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/18/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2951471	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
Country		Country		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GERALDINE PHIPPS 205 BALLYSHANNON ST. MELBOURNE BEACH FL 32951				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPSCH, FRED		1.2 NAME	Roberta Storts-Gray	
STREET ADDRESS	205 BALLYSHANNON ST., B102		1.3 STREET ADDRESS	215 Ballyshannon St. C-402	
CITY-ST-ZIP	MELBOURNE BEACH FL		1.4 CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CICCARONE, FRANCIS		2.2 NAME	Patricia MacFadden	
STREET ADDRESS	205 BALLY SHANNON ST, B202		2.3 STREET ADDRESS	215 Ballyshannon St. C-301	
CITY-ST-ZIP	MELBOURNE BEACH FL		2.4 CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERALDINE PHIPPS		3.2 NAME	Ellen Smolka	
STREET ADDRESS	205 BALLYSHANNON ST. B302		3.3 STREET ADDRESS	215 Ballyshannon St. C-401	
CITY-ST-ZIP	MELBOURNE BCH FL		3.4 CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	S D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MARGARET		4.2 NAME	Maryann Robinson	
STREET ADDRESS	215 BALLY SHANNON ST. C202		4.3 STREET ADDRESS	215 Ballyshannon St. C-201	
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP	Melbourne Beach, FL 32951	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: Roberta Storts-Gray SIGNATURE REQUIRED 4-5-99 407-953-5422  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1-1/98)