

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90043 023 ****61.25

003045

DOCUMENT # N32370

1. Entity Name

WEXFORD (BREVARD COUNTY) CONDOMINIUM ASSOCIATION

Principal Place of Business

205 BALLY SHANNON ST.
~~#302~~ 202
 MELBOURNE BEACH FL 32951
 US

Mailing Address

209 BALLY SHANNON ST.
 MELBOURNE BEACH FL 32951
 US

623478



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
202 B

City & State

City & State

4. FEI Number

59-2951471

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERALDINE PHIPPS
 205 BALLYSHANNON ST.
 MELBOURNE BEACH FL 32951

7. Name and Address of New Registered Agent

Name *MARTY BROWN*
 Street Address (P.O. Box Number is Not Acceptable) *215 BALLYSHANNON ST #202*
 City *Melbourne Beach* FL Zip Code *32951*

8. 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 *Marty Brown*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-10-01

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAPSCH, FRED J 205 BALLYSHANNON ST B102 MELBOURNE FL 32951	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MACFADDEN, PATRICIA 215 BALLYSHANNON ST C-301 MELBOURNE BEACH FL 32951	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GERALDINE PHIPPS 215 BALLYSHANNON ST C-401 MELBOURNE BCH FL 32951	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRAUSE, BETTE 205 BALLYSHANNON ST B 502 MELBOURNE FL 32951	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Fran Ciccarone 205 Ballyshannon St - B202 Melbourne Beach, Fla 32951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President - Secy Betty Krause 205 Ballyshannon St B502 Melbourne Beach, Fla 32951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Pres - Treasurer Marty Brown 215 Ballyshannon St C202 Melbourne Beach, Fla 32951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marty Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-01

DATE

321-724-6049

DAYTIME PHONE #

CR2E037 (10/00)