

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90064 023 ****61.25

DOCUMENT # N32370

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2951471**

Applied For
 Not Applicab

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BROWN, MARTY
 215 BALLYSHANNON ST
 #202
 MELBOURNE BEACH FL 32951**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

2-4-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	ACCARONE, FRAN	205 BALLYSHANNON ST- B202	MELBOURNE FL 32951	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPSD	KRAUSE, BETTY	205 BALLYSHANNON ST B502	MELBOURNE BEACH FL 32951	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPT	BROWN, MARTY	215 BALLYSHANNON ST C202	MELBOURNE BCH FL 32951	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Margaret A Brown
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

2-4-02 (321) 724-6049

CR2E037 (9/01)