


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90305 004 ****61.25

DOCUMENT # N32370
 1. Entity Name
WEXFORD (BREVARD COUNTY) CONDOMINIUM ASSOCIATION, INC.




Principal Place of Business Mailing Address
205 BALLY SHANNON ST. #B-101
~~#202 #201~~
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


 1st MOORE CR2E037 (10/04)
 4. FEI Number **59-2951471** Applied For Not Applicable

6. Name and Address of Current Registered Agent
~~BROWN, MARTY~~
~~215 BALLYSHANNON ST.~~
~~#202~~
~~MELBOURNE BEACH FL 32951~~

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 Name **HENRY J. JWANOWSKI**
 Street Address (P.O. Box Number is Not Acceptable)
205 BALLYSHANNON ST.
UNIT B-101
 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE **HENRY J. JWANOWSKI** *Henry J. Jwanowski* **3/8/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when registering) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACFADDEN, BOB 215 BALLYSHANNON ST #301 MELBOURNE FL 32951	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD GRAVELINE, ANNE 205 BALLYSHANNON ST #402 MELBOURNE BEACH FL 32951	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ROBINSON, MARY ANN 215 BALLY SHANNON ST C-201 MELBOURNE BCH FL 32951	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.V.P. JWANOWSKI, HENRY J 215 BALLY SHANNON ST B-101 MELBOURNE BEACH FL 32951	<input 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	PRES ROBBI GRAY-STORTS 215 BALLYSHANNON ST. UNIT C-501 MELBOURNE BEACH, FL 32951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. RICHARD KIEBLER 215 BALLYSHANNON ST. UNIT C-101 MELBOURNE BEACH FL 32951	<input type="checkbox"/> Change <input checked="" 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
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: **HENRY J. JWANOWSKI** *Henry J. Jwanowski* **3/8/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

321-728-1837