


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 08:00 AM
Secretary of State

| | | | | | |
|---|--|---|--|--|--|
| DOCUMENT # N32370 1. Entity Name WEXFORD (BREVARD COUNTY) CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 209 BALLY SHANNON ST. MELBOURNE BEACH FL 32951 US | | Mailing Address 209 BALLY SHANNON ST. MELBOURNE BEACH FL 32951 US | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2951471 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent STORTS-GRAY, ROBBI 33 COVE RD 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| U00000764126 05/30/07-80044-003 61.25 | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | | | |



1st MOORE CR2E037 (10/06)

| | | |
|--|---|--|
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|---|---|---|
| TITLE | PD STORTS-GRAY, ROBBI 209 BALLY SHANNON ST. MELBOURNE BEACH FL 32951 | TITLE | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-STATE-ZIP | | CITY-STATE-ZIP | |
| TITLE | SD KIEBLER, RICHARD 209 BALLY SHANNON ST. MELBOURNE BEACH FL 32951 | TITLE | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-STATE-ZIP | | CITY-STATE-ZIP | |
| TITLE | VTD JWANOWSKI, HENRY 215 BALLY SHANNON ST. MELBOURNE BEACH FL 32951 | TITLE | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-STATE-ZIP | | CITY-STATE-ZIP | |
| TITLE | | TITLE | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-STATE-ZIP | | CITY-STATE-ZIP | |
| TITLE | | TITLE | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-STATE-ZIP | | CITY-STATE-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Roberta Storts-Gray 5-8-07 321-750-8192