


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90021 028 ****61.25

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



Principal Place of Business Mailing Address
209 BALLY SHANNON ST. MELBOURNE BEACH FL 32951 US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
205 Ballyshannon St. 205 Ballyshannon St.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
302 302

1st MOORE CR2E037 (10/07)

City & State City & State
Melbourne Bch, Fl Melbourne Bch, Fl.
 Zip Country Zip Country
32951 USA 32951 USA

4. FEI Number **59-2951471** Applied For Not Applicable
 5. Certificate of Status Desired **\$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 **Geri Phipps-**
 Street Address (P.O. Box Number is Not Acceptable) **205 Ballyshannon St, 302**
 City & State **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 *Geraldine Phipps* (NOTE: Registered Agent Signature required when reinstating)
 DATE **4/22/08**

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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 STORTS-GRAY, ROBBI 209 BALLY SHANNON ST. MELBOURNE BEACH FL 32951 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KIEBLER, RICHARD 209 BALLY SHANNON ST. MELBOURNE BEACH FL 32951 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD JWANOWSKI, HENRY 215 BALLY SHANNON ST. MELBOURNE BEACH 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
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	Knappman, Ed P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 215 Bally Shannon St, 202 Melbourne Beach, Fl. 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Phipps, Geri VPT <input type="checkbox"/> Change <input type="checkbox"/> Addition 205 Ballyshannon St, 302 Melbourne Beach, Fl 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	minfield, Andy S <input type="checkbox"/> Change <input type="checkbox"/> Addition 205 Ballyshannon St, 301 Melbourne Beach, Fl. 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Engel, Bobby D <input type="checkbox"/> Change <input type="checkbox"/> Addition 205 Ballyshannon St, 201 Melbourne Beach, Fl. 32951
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 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 the like empowered.

SIGNATURE *Geraldine Phipps* DATE **4/22/08** 321-956-2130
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR