

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 12: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N32698 (5)**

1. Corporation Name

**WEXFORD (BREVARD COUNTY) PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

209 BALLYSHANNON ST.  
CLUBHOUSE  
MELBOURNE BEACH FL 32951  
US

209 BALLYSHANNON ST  
CLUBHOUSE  
MELBOURNE BEACH FL 32951  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/07/1989</b>	3a. Date of Last Report <b>02/15/1994</b>
4. FEI Number <b>59-2951748</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent

**MOSLEY, CURTIS R.  
1221 EAST NEW HAVEN  
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HESSEE, CLAUDE T.
STREET ADDRESS	215 BILLYSHANNON ST. #502
CITY - ST - ZIP	MELBOURNE BEACH FL
TITLE	STD
NAME	HESSEE, PATRICIA A.
STREET ADDRESS	215 BALLYSHANNON ST.#502
CITY - ST - ZIP	MELBOURNE BEACH FL
TITLE	D
NAME	THOMASIAN, HARRY
STREET ADDRESS	3814 MACFARLANE ST
CITY - ST - ZIP	MELBOURNE BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gillis, David	
1.3 STREET ADDRESS	222 Glengarry Avenue	
1.4 CITY - ST - ZIP	Melbourne Beach, FL 32951	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Long, Robert	
2.3 STREET ADDRESS	220 Glengarry Avenue	
2.4 CITY - ST - ZIP	Melbourne Beach, FL 32951	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Maxwell, Chapman	
3.3 STREET ADDRESS	213 Glengarry Avenue	
3.4 CITY - ST - ZIP	Melbourne Beach, FL 32951	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Chapman Maxwell 4/29/95 407.957.3384  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR