

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified **06/07/1989** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2951748** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GILLIS, DAVID	
STREET ADDRESS	222 GLENGARRY AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LONG, ROBERT	
STREET ADDRESS	220 GLENGARRY AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MAXWELL, CHAPMAN	
STREET ADDRESS	213 GLENGARRY AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	Melbourne Beach, FL 32951	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MacFadden, Patricia	
2.3 STREET ADDRESS	215 Ballyshannon, #C-301	
2.4 CITY-ST-ZIP	Melbourne Beach, FL 32951	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
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 119.07(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 4/27/96 407 957 3384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Chapman Maxwell

CR2E037 (12/95)