


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

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

|   |   |   |   |
|---|---|---|---|
| <b>DOCUMENT # N32698</b>  |   |                                    |   |
| 1. Entity Name<br><b>WEXFORD (BREVARD COUNTY) PROPERTY OWNERS' ASSOCIATION, INC.</b>  |   |   |   |
| Principal Place of Business<br><b>209 BALLYSHANNON ST.<br/>CLUBHOUSE<br/>MELBOURNE BEACH FL 32951<br/>US</b>  |   | Mailing Address<br><b>209 BALLYSHANNON ST<br/>CLUBHOUSE<br/>MELBOURNE BEACH FL 32951<br/>US</b>                     |   |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |
| City & State  |   | City & State  |   |
| Zip   |   | Zip   |   |
| Country   |   | Country   |   |
| 4. FEI Number<br><b>59-2951748</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | <b>\$8.75</b> Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br><b>MOSLEY, CURTIS R.<br/>1221 EAST NEW HAVEN<br/>MELBOURNE FL 32901</b>  |   | 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.   |   |   |   |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |   |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |
| <b>Make Check Payable to Florida Department of State</b>  |   |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br>GILLIS, DAVID<br>222 GLENGARRY AVE<br>MELBOURNE BCH FL <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VD<br>MACFADDEN, PATRICIA<br>215 BALLYSHANNON, #C-301<br>MELBOURNE BCH FL <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | STD<br>MAXWELL, CHAPMAN<br>213 GLENGARRY AVE<br>MELBOURNE BCH FL <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>Chapman Maxwell</u>   |   | Date: <u>4/5/05</u>   |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | <small>Daytime Phone # <u>321 951 3384</u></small>  |   |



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