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

SIGNATURE:

## Apr 09, 2007 08:00 Al Secretary of State DOCUMENT # N32698 1. Entity Name WEXFORD (BREVARD COUNTY) PROPERTY OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 209 BALLYSHANNON ST. 209 BALLYSHANNON ST CLUBHOUSE CLUBHOUSE MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951 2. Principal Place of Business - No PO. Box # 3. Mailing Address Suite, Apl. #, etc. Suito, Apt. #, etc 1st MOORE CR2E037 (10/06) City & Stato City & State 4. FEI Number Applied For . 59-2951748 Not Applicable Zıp Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOSLEY, CURTIS R. Street Address (P.O. Box Number is Not Acceptable) 1221 EAST NEW HAVEN MELBOURNE FL 32901 Zip Code City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition NAME GILLIS, DAVID NAME STREET ADDRESS 222 GLENGARRY AVE STREET ADDRESS V000000596888 CITY-ST-ZIP MELBOURNE BCH FL CHY-ST-ZIP THE ☐ Delete IIItE NAME MACFADDEN, PATRICIA NAME STREET ADDRESS 215 BALLYSHANNON, #C-301 STREET ADORESS CHY-ST-ZIP MELBOURNE BCH FL CITY-ST-ZIP IIILE STD ☐ Defete TITLE ☐ Change ☐ Addition NAME MAXWELL, CHAPMAN NAME STREET ADDRESS STREET ADDRESS 213 GLENGARRY AVE CITY - ST - ZIP CITY-ST-ZIP MELBOURNE BCH FL IIILE ☐ Delete TITLE Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HTLE. Delete ☐ Change шпг Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I heroby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further cortify 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.

FILED