2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32698

FILED Feb 22, 2009 Secretary of State

Entity Name: WEXFORD (BREVARD COUNTY) PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:			ess:	New Principal Place	New Principal Place of Business:	
209 BALLY CLUBHOL	'SHANNON ST JSE					
MELBOUF	RNE BEACH, FL	. 32951	US			
Current M	ailing Address	::		New Mailing Address	s:	
CLUBHOL						
MELBOUF	RNE BEACH, FL	. 32951	US			
FEI Number	: 59-2951748	FEI Numb	per Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Re	gistered Agent:	Name and Address o	of New Registered Agent:	
MOSLEY,	CURTIS R.					
	ΓNEW HAVEN RNE, FL 32901	US				
MELBOUF The above	T NEW HAVEN RNE, FL 32901		s statement for the	purpose of changing its registered	d office or registered agent, or both,	
MELBOUF The above	F NEW HAVEN RNE, FL 32901 named entity si e of Florida.		s statement for the	purpose of changing its registered	d office or registered agent, or both,	
MELBOUF The above in the State	F NEW HAVEN RNE, FL 32901 named entity si e of Florida. RE:	ubmits thi	s statement for the re of Registered Aç		d office or registered agent, or both, Date	
MELBOUF The above in the State SIGNATUI	F NEW HAVEN RNE, FL 32901 named entity si e of Florida. RE:	ubmits thi		gent		
MELBOUF The above in the State SIGNATUI	NEW HAVEN RNE, FL 32901 named entity si e of Florida. RE: Electronic S AND DIRECT	ubmits thi c Signatu ORS: Delete Y AVE		gent	Date	
MELBOUF The above in the State SIGNATUI OFFICER: Vame: Address:	RNEW HAVEN RNE, FL 32901 named entity stee of Florida. RE: Electronic S AND DIRECT PD () I GILLIS, DAVID 222 GLENGARR MELBOURNE BO	ubmits thi C Signatu ORS: Delete Y AVE CH, FL Delete ATRICIA INON, #C-3	re of Registered Aç	gent ADDITIONS/CHANGI Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHAPMAN MAXWELL TREA 02/22/2009