

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90220 024 \*\*\*\*61.25

0016565

**DOCUMENT # N32698**

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



Principal Place of Business  
**209 BALLYSHANNON ST.  
CLUBHOUSE  
MELBOURNE BEACH FL 32951  
US**

Mailing Address  
**209 BALLYSHANNON ST  
CLUBHOUSE  
MELBOURNE BEACH FL 32951  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-2951748**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_

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 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GILLIS, DAVID</b>	
STREET ADDRESS	<b>222 GLENGARRY AVE</b>	
CITY-ST-ZIP	<b>MELBOURNE BCH FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>MACFADDEN, PATRICIA</b>	
STREET ADDRESS	<b>215 BALLYSHANNON, #C-301</b>	
CITY-ST-ZIP	<b>MELBOURNE BCH FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>MAXWELL, CHAPMAN</b>	
STREET ADDRESS	<b>213 GLENGARRY AVE</b>	
CITY-ST-ZIP	<b>MELBOURNE BCH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Stacy Maxwell* **5/9/03**

CR2E037 (10/02)