

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90024 036 ****61.25

DOCUMENT # N06000006323					
1. Entity Name TOWNHOMES AT WEXFORD OWNERS ASSOCIATION, INC.					
Principal Place of Business 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602			Mailing Address 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
4131 GUNN HIGHWAY TAMPA, FL 33618 US			4131 GUNN HIGHWAY TAMPA, FL 33618 US		
4. FEI Number 20-5999553		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STOREY, BRENDA 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, CAROLYN M 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FINCH, LARRY 655 N FRANKLIN ST, STE 2200 TAMPA, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD STOREY, BRENDA 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, ASHLEY 655 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Brenda H. Storey Vice President</u> <u>2/8/08</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40024993

