

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32370

**FILED**  
**Mar 31, 2021**  
**Secretary of State**  
**4589457757CC**

**Entity Name:** WEXFORD (BREVARD COUNTY) CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

COMMUNITY ASSOCIATIONS MANAGEMENT  
2060 HWY A1A SUITE 303  
INDIAN HARBOUR BEACH , FL 32937

**Current Mailing Address:**

COMMUNITY ASSOCIATIONS MANAGEMENT  
2060 HWY A1A SUITE 303  
INDIAN HARBOUR BEACH , FL 32937 US

**FEI Number: 59-2951471**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KEALEY, JIM  
COMMUNITY ASSOCIATIONS MANAGEMENT, INC  
2060 HWY A1A SUITE 303  
INDIAN HARBOUR BEACH , FL 32937 US

*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.*

**SIGNATURE: JIM KEALEY**

**03/31/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DECOT, TOM  
Address        2060 HWY A1A SUITE 303  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title            VP  
Name            GASPAR, DON  
Address        2060 HWY A1A SUITE 303  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title            MANAGER  
Name            KEALEY, JIM  
Address        2060 HWY A1A SUITE 303 INDIAN HARBOUR BEACH FLORIDA 32937  
City-State-Zip: INDIAN HARBOR BEACH FL 32937

Title            TREASURER  
Name            MIRFIELD, ANDY  
Address        2060 HWY A1A SUITE 303  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title            DIRECTOR  
Name            JONES, MICHAEL  
Address        2060 HWY A1A SUITE 303  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title            ASST. SECRETARY  
Name            LITNER, PAUL  
Address        2060 HWY A1A SUITE 303 INDIAN HARBOUR BEACH FLORIDA 32937  
City-State-Zip: INDIAN HARBOR BEACH FL 32937

*I hereby 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 all other like empowered.*

**SIGNATURE: JIM KEALEY**

**MANAGER**

**03/31/2021**

Electronic Signature of Signing Officer/Director Detail

Date