

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32370

FILED
Apr 04, 2018
Secretary of State
CC3426497643

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

Current Principal Place of Business:

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

Current Mailing Address:

COMMUNITY ASSOCIATIONS MANAGEMENT, INC
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:

COMMUNITY ASSOCIATIONS MANAGEMENT, INC
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: JAMES KEALEY

04/04/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ASST. S
Name DEABREU, ELIZABETH
Address COMMUNITY ASSOCIATIONS MANAGEMENT, INC
2060 HWY A1A SUITE 303
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title TREASURER
Name GASPAR, DON
Address COMMUNITY ASSOCIATIONS MANAGEMENT, INC
2060 HWY A1A SUITE 303
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title MANAGER
Name KEALEY, JAMES
Address COMMUNITY ASSOCIATIONS MANAGEMENT, INC
2060 HWY A1A SUITE 303
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title PRESIDENT
Name MIRFIELD, ANDY
Address COMMUNITY ASSOCIATIONS MANAGEMENT, INC
2060 HWY A1A SUITE 303
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title DIRECTOR
Name JONES, MICHAEL
Address COMMUNITY ASSOCIATIONS MANAGEMENT, INC
2060 HWY A1A SUITE 303
City-State-Zip: INDIAN HARBOUR 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: JAMES KEALEY

MANAGER

04/04/2018

Electronic Signature of Signing Officer/Director Detail

Date