

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32370

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

**FILED**  
**Apr 13, 2022**  
**Secretary of State**  
**4997118724CC**

**Current Principal Place of Business:**

SPACE COAST PROPERTY MANAGEMENT OF BREVARD LLC.  
928 E. NEW HAVEN AVENUE  
MELBOURNE, FL 32901

**Current Mailing Address:**

SPACE COAST PROPERTY MANAGEMENT OF BREVARD LLC.  
928 E. NEW HAVEN AVENUE  
MELBOURNE, FL 32901 US

**FEI Number: 59-2951471**

**Certificate of Status Desired: No**

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

SPACE COAST PROPERTY MANAGEMENT OF BREVARD LLC.  
SPACE COAST PROPERTY MANAGEMENT OF BREVARD LLC.  
928 E. NEW HAVEN AVENUE  
MELBOURNE, FL 32901 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:** CYNTHIA MARRS

04/13/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DECOT, TOM  
Address        928 E. NEW HAVEN AVENUE  
City-State-Zip: MELBOURNE FL 32901

Title            VP  
Name            GASPAR, DON  
Address        928 E. NEW HAVEN AVENUE  
City-State-Zip: MELBOURNE FL 32901

Title            TREASURER  
Name            MIRFIELD, ANDY  
Address        928 E. NEW HAVEN AVENUE  
City-State-Zip: MELBOURNE FL 32901

Title            DIRECTOR  
Name            JONES, MICHAEL  
Address        928 E. NEW HAVEN AVENUE  
City-State-Zip: MELBOURNE FL 32901

Title            SECRETARY  
Name            LITNER, PAUL  
Address        928 E. NEW HAVEN AVENUE  
City-State-Zip: MELBOURNE FL 32901

*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:** ANDY MIRFIELD

**TREASURER**

04/13/2022

Electronic Signature of Signing Officer/Director Detail

Date