

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90073 039 ****61.25

DOCUMENT # 741947

1. Corporation Name

WICKHAM OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**3422 KENT DR.
MELBOURNE FL 32935**

Mailing Address

**3422 KENT DR.
MELBOURNE FL 32935**



2. Principal Place of Business

21 3365 Kent Dr.

Suite, Apt. #, etc.

22

City & State

23 Melbourne, FL

Zip

24 32935

Country

25 USA

2a. Mailing Address

26 3365 Kent Dr.

Suite, Apt. #, etc.

27

City & State

28 Melbourne, FL

Zip

29 32935

Country

30 USA

3. Date Incorporated or Qualified

03/10/1978

4. FEI Number

59-2758853

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

**CARLSON, SUSAN
3422 KENT DRIVE
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

81 Name

Gayle Topp

82 Street Address (P.O. Box Number is Not Acceptable)

3365 Kent Dr.

83

84 City

Melbourne

FL

85 Zip Code

32935

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Gayle Topp

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-20-99

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
NAME CARLSON, SUSAN
STREET ADDRESS 3422 KENT DR.
CITY-ST-ZIP MELBOURNE, FL 00000**

TITLE ☐ DELETE

**VD
NAME NICHOLS, CINDY
STREET ADDRESS 3457 KENT DRIVE
CITY-ST-ZIP MELBOURNE FL**

TITLE ☐ DELETE

**STD
NAME WILLIAMS, WANDA
STREET ADDRESS 3441 KENT DR.
CITY-ST-ZIP MELBOURNE, FL 00000**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-ST-ZIP**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD ☒ Change ☐ Addition

1.2 NAME

Topp, Gayle

1.3 STREET ADDRESS

3365 Kent Dr.

1.4 CITY-ST-ZIP

Melbourne, FL 32935

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gayle Topp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-99

Date

259-0515

Daytime Phone #

CR2E037 (11/98)