

FILE NOW: FILING FEE IS \$61.25

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

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

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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2. Principal Place of Business 21 <b>3365 Kent Dr.</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>3365 Kent Dr.</b> Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified <b>03/10/1978</b>
23 <b>Melbourne, FL</b> City & State Zip <b>32935</b> Country <b>USA</b>	28 <b>Melbourne, FL</b> City & State Zip <b>32935</b> Country <b>USA</b>	4. FEI Number <b>59-2758853</b> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>CARLSON, SUSAN</b> <b>3422 KENT DRIVE</b> <b>MELBOURNE FL 32935</b>	10. Name and Address of New Registered Agent 81 Name <b>Gayle Topp</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3365 Kent Dr.</b> 83 84 City <b>Melbourne</b> FL 85 Zip Code <b>32935</b>
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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* DATE: **1-20-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CARLSON, SUSAN</b> <b>3422 KENT DR.</b> <b>MELBOURNE, FL 00000</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PD</b> <b>Topp, Gayle</b> <b>3365 Kent Dr.</b> <b>Melbourne, FL 32935</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE <b>VD</b> <b>NICHOLS, CINDY</b> <b>3457 KENT DRIVE</b> <b>MELBOURNE FL</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE <b>STD</b> <b>WILLIAMS, WANDA</b> <b>3441 KENT DR.</b> <b>MELBOURNE, FL 00000</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* DATE: **1-20-99** DAYTIME PHONE #: **259-0515**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)