

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741947

FILED  
Apr 16, 2006  
Secretary of State

**Entity Name:** WICKHAM OAKS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3365 KENT DR  
MELBOURNE, FL 32935 US

**New Principal Place of Business:**

**Current Mailing Address:**

3365 KENT DR  
MELBOURNE, FL 32935 US

**New Mailing Address:**

**FEI Number:** 59-2758853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOPP, GAYLE  
3365 KENT DR  
MELBOURNE, FL 32935 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TOPP, GAYLE  
Address: 3365 KENT DR  
City-St-Zip: MELBOURNE, FL 32935

Title: VD ( ) Delete  
Name: NICHOLS, CINDY  
Address: 3457 KENT DRIVE  
City-St-Zip: MELBOURNE, FL 32935

Title: STD ( ) Delete  
Name: CARLSON, COURTNEY  
Address: 3422 KENT DR.  
City-St-Zip: MELBOURNE, FL 32935

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GAYLE J. TOPP

MRS.

04/16/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date