


*** 2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 760758 1. Entity Name WEXFORD COURT TOWNHOMES PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 220 CELESTIAL WAY #6 JUNO BEACH, FL 33408	Mailing Address 220 CELESTIAL WAY #6 JUNO BEACH, FL 33408
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2354738	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HUNKLER, CHRIS
220 CELESTIAL WAY
#6
JUNO BEACH, FL 33408**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CURRY, GRETA 220 CELESTIAL WAY # 3 JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUNKLER, CHRIS 220 CELESTIAL WAY #6 JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GIBSON, BOB 220 CELESTIAL WAY # 5 JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/08/05-80006-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chris Hunkler **CHRIS HUNKLER** 2/3/05 561-799-3656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #