

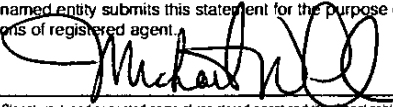
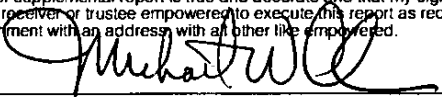


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90004 035 ****61.25

DOCUMENT # N01000007082 1. Entity Name WAKEFIELD HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3830 SUITE A1 HWY A1A MELBOURNE BCH, FL 32951				Mailing Address P.O. BOX 51-0845 MELBOURNE BCH, FL 32951	
2. Principal Place of Business 109 WAKEFIELD DR Suite, Apt. #, etc.		3. Mailing Address 109 WAKEFIELD DR Suite, Apt. #, etc.			
City & State INDIAN HARBOUR BEACH FL Zip 32937		City & State INDIAN HARBOUR BEACH FL Zip 32937		4. FEI Number 59-3751355	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAGG, ANITA L 195 TRAMORE PLACE MELBOURNE, FL 32951				7. Name and Address of New Registered Agent Name MICHAEL CLOSE Street Address (P.O. Box Number is Not Acceptable) 109 WAKEFIELD DRIVE City INDIAN HARBOUR BEACH FL Zip Code 32937	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title, if applicable.</small> </div> <div style="width: 30%; text-align: center;"> Treas, Wakefield HOA <small>(NOTE: Registered Agent signature required when reappointing)</small> </div> <div style="width: 30%; text-align: right;"> 20 May 05 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CRAGG, ANITA L 3830 HWY A1A-A1 MELBOURNE, FL 32951	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VACANT UNTIL ANNUAL MTG
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VOLDNASSS, I.D. 215 BALLSHANNON ST MELBOURNE BCH, FL 32951	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MICHAEL CLOSE 109 WAKEFIELD DRIVE INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CRAGG, DAVID 3830 HWY A1A-A1 MELBOURNE BCH, FL 32951	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TERRY ROBERTSON 108 WAKEFIELD DRIVE INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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 another like empowered.					
SIGNATURE: 				20 May 05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>321 773 2678</small> <small>Daytime Phone #</small>	