


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

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90031 050 ****61.25

DOCUMENT # N02000001161 1. Entity Name WEXFORD GREEN HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business C/O HENRY FOLKERSON 2015 WEXFORD GREEN DR. VALRICO, FL 33594	Mailing Address P.O. BOX 2002 VALRICO, FL 33594
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DO NOT WRITE IN THIS SPACE



06232005 No Chg-NP CR2E037 (10/03)

4. FEI Number 01-0679824	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**FOLKERSEN, HENRY
2015 WEXFORD GREEN DR.
VALRICO, FL 33594**

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

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	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WICKES, THOMAS 2024 WEXFORD GREEN DR. VALRICO, FL 33596
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERNT, RON 2003 WEXFORD GREEN DR. VALRICO, FL 33596
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOLKERSEN, HENRY 2015 WEXFORD GREEN DR. VALRICO, FL 33596
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TEA, DENNIS 2024 WEXFORD GREEN DR. VALRICO, FL 33596
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JEANINE 2026 WEXFORD GREEN DR. VALRICO, FL 33596
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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 all other like empowered.

SIGNATURE: Henry Folsen **HENRY FOLKERSEN** SEPT. 1, 2005 561-251-8629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #