

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001161

FILED
Jan 13, 2009
Secretary of State

Entity Name: WEXFORD GREEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1128 EAST DONEGAN AVE
KISSIMMEE, FL 34744

New Principal Place of Business:

1136 EAST DONEGAN AVE
KISSIMMEE, FL 34744

Current Mailing Address:

1128 EAST DONEGAN AVE
KISSIMMEE, FL 34744

New Mailing Address:

1136 EAST DONEGAN AVE
KISSIMMEE, FL 34744

FEI Number: 01-0679824

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, FRAYDA R
CENTRAL ASS MGMT
14125 SERENA LAKE DR
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

MORRIS, FRAYDA R
CENTRAL ASS MGMT
1136 EAST DONEGAN AVENUE
KISSIMMEE, FL 37477 US

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:

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WICKES, THOMAS
Address: 2024 WEXFORD GREEN DR.
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: SWANSON, KEVIN
Address: 2012 WEXFORD GREEN DR.
City-St-Zip: VALRICO, FL 33594

Title: S (X) Delete
Name: FORTSON, MARY
Address: 2028 WEXFORD GREEN DR.
City-St-Zip: VALRICO, FL 33594

Title: T (X) Delete
Name: TEA, DENNIS
Address: 2024 WEXFORD GREEN DR.
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: JOHNSON, JEANINE
Address: 2026 WEXFORD GREEN DR.
City-St-Zip: VALRICO, FL 33594

Title: T () Delete
Name: JENKINS, BOBBITT
Address: 2019 WEXFORD GREEN DR
City-St-Zip: VALRICO, FL 33594

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:

Title: () Change () Addition
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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 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: THOMAS WICKES

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date