

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000007999 1. Entity Name WICKHAM EXECUTIVE CENTER CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1090 N HWY A1A INDIALANTIC, FL 32903	Mailing Address P.O. BOX 33697 INDIALANTIC, FL 32903 US
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DO NOT WRITE IN THIS SPACE



01112008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

HEALY, PATRICK F
 1800 W HIBISCUS BLVD STE 138
 MELBOURNE, FL 32901

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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 _____ DATE _____

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

Filing Fee Is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

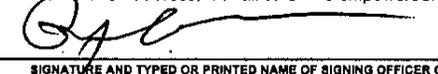
U00000831397
 02/27/08-80016-022 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MASKER, RALPH C 3695 PARKWAY DR MELBOURNE, FL 32985
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PADGETT, W. DOUGLAS 1675 S JOHN RODES BLVD STE D MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, PERRY JAMES JR 1090 N HWY A1A INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOSHER, GARY S 3160 HILLIARD CT MELBOURNE, FL 32934
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Date: 2/15/08 Daytime Phone #: 321-723-4747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #