2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N04000007999

Entity Name: WICKHAM EXECUTIVE CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1090 N HWY A1A
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 33697
INDIALANTIC, FL 32903 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MASKER, RALPH C
Address: 3695 PARKWAY DR
City-St-Zip: MELBOURNE, FL 32985

Title: DST ( ) Delete
Name: PADGETT, W. DOUGLAS
Address: 1675 S JOHN RODES BLVD STE D
City-St-Zip: MELBOURNE, FL 32904

Title: D ( ) Delete
Name: COLEMAN, PERRY JAMES JR
Address: 1090 N HWY A1A
City-St-Zip: INDIALANTIC, FL 32903

Title: VPD ( ) Delete
Name: MOSHER, GARY S
Address: 3160 HILLIARD CT
City-St-Zip: MELBOURNE, FL 32934

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
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: PERRY J. COLEMAN D 01/07/2009
Electronic Signature of Signing Officer or Director — Date