

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004723

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: WICKHAM PLACE HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

12895 SW 132ND STREET  
# 200  
MIAMI, FL 33186

## New Principal Place of Business:

## Current Mailing Address:

12895 SW 132ND STREET  
# 200  
MIAMI, FL 33186

## New Mailing Address:

FEI Number: 26-0225687      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARCIA, WILLIAM  
12895 SW 132ND STREET  
#200  
MIAMI, FL 33186 US

## Name and Address of New Registered Agent:

PEREDO, MICHAEL  
12895 SW 132ND STREET  
#200  
MIAMI, FL 33186 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: MICHAEL PEREDO

04/20/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete  
Name: WILLIAMS, HARRY  
Address: 12895 SW 132ND STREET, SUITE 200  
City-St-Zip: MIAMI, FL 33186

Title: D/S ( ) Delete  
Name: MCWILLIAMS, TIMOTHY  
Address: 517 A NORTH HARBOR CITY BLVD  
City-St-Zip: MELBOURNE, FL 32935

Title: D/T ( ) Delete  
Name: SCHONBAK, MARC  
Address: 12895 SW 132ND STREET, # 200  
City-St-Zip: MIAMI, FL 33186

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition  
Name: GARCIA, HECTOR  
Address: 12895 SW 132ND STREET, SUITE 200  
City-St-Zip: MIAMI, FL 33186

Title: VP (X) Change ( ) Addition  
Name: PLESCIA, NANETTE  
Address: 12895 SW 132 STREET, SUITE 200  
City-St-Zip: MIAMI, FL 33186

Title: STD (X) Change ( ) Addition  
Name: PEREDO, MICHAEL  
Address: 12895 SW 132 STREET, SUITE 200  
City-St-Zip: MIAMI, FL 33186

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: HECTOR GARCIA

PD

04/20/2009

Electronic Signature of Signing Officer or Director

Date