
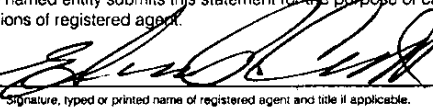


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90055 017 ****70.00

DOCUMENT # N31251 1. Entity Name WICKHAM FOREST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business PO BOX 410621 MELBOURNE, FL 32941-0621			Mailing Address WICKHAM FOREST HOMEOWNERS POB 410621 MELBOURNE, FL 32941-0621 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0179302	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THEILER, WILLIAM J 4590 WILLOW BEND DR. MELBOURNE, FL 32935			7. Name and Address of New Registered Agent Name Edward P. Clark Street Address (P.O. Box Number is Not Acceptable) 4560 W. Willow Bend Dr City MELBOURNE FL 32935		
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 		Edward P. Clark		04/07/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOMMERS, PIERRE 4575 WILLOW BEND DR MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WELLS, WAYNE 2665 WILD WOOD DR MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD LEPORE, CHRISTINE 4204 WOOD HAVEN DR MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD THEILER, WILLIAM J 4590 WILLOW BEND DR. MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SAYLES, KATTY 2665 BENT ELM LN. MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			04/07/08 321 942-3167		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

90000



04072008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0179302

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

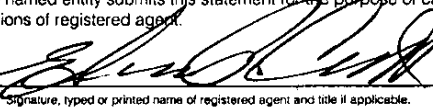
THEILER, WILLIAM J
4590 WILLOW BEND DR.
MELBOURNE, FL 32935

7. Name and Address of New Registered Agent

Name **Edward P. Clark**
 Street Address (P.O. Box Number is Not Acceptable)
4560 W. Willow Bend Dr
 City **MELBOURNE** FL **32935**

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



Edward P. Clark

04/07/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is **\$61.25**
Due by **May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MOMMERS, PIERRE 4575 WILLOW BEND DR MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WELLS, WAYNE 2665 WILD WOOD DR MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete
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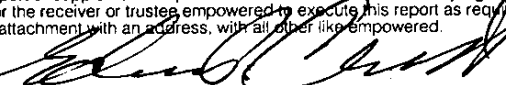
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Please see attached for all current officers.

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT
40068310FLORIDA DEPARTMENT OF STATE
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Document Number N31251
Business Entity Name WICKHAM FOREST HOMEOWNERS ASSOCIATION, INC.
FEI Number 650179302
FEI Number Status
Certificate of Status Desired No

Election Campaign Financing Trust Fund Contribution No

Principal Place of Business

Address 4560 WILLOW BEND
City, State MELBOURNE, FL
Zip Code & Country 32935

Mailing Address

Address WICKHAM FOREST HOMEOWNERS
Suite, Apt. #, etc. POB 410621
City, State MELBOURNE, FL
Zip Code & Country 329410621 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) CLARK, EDWARD , P
Address 4560 WILLOW BEND DR.
City, State MELBOURNE, FL
Zip Code & Country 32935 US
Registered Agent Signature EDWARD P. CLARK

Officer/Director Name And Address

Name And Address #1

Title P
Name (Last, First, Middle, Title) BISHOP, CHARLES
Street Address 4455 WILD OAK COURT
City, State MELBOURNE, FL
Zip Code & Country 32935

Name And Address #2

Title V
Name (Last, First, Middle, Title) GREENFIELD, MARY
Street Address 2550 RED MAPLE PL
City, State MELBOURNE, FL
Zip Code & Country 32935

Name And Address #3

Title SVD

ATTACHMENT

40068310

N3/251

Name (Last, First, Middle, Title) SMITH, LANE
Street Address 2698 FOREST RUN DR
City, State MELBOURNE, FL
Zip Code & Country 32935

Name And Address #4

Title TD
Name (Last, First, Middle, Title) CLARK, EDWARD . P
Street Address 4560 WILLOW BEND DR.
City, State MELBOURNE, FL
Zip Code & Country 32935

Name And Address #5

Title S
Name (Last, First, Middle, Title) CHARTER, DUANE
Street Address 4555 WILLOW BEND DR
City, State MELBOURNE, FL
Zip Code & Country 32935

Title TD
Officer/Director Signature EDWARD P. CLARK

Continue