


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90021 028 \*\*\*\*61.25

<b>DOCUMENT # N32370</b>			
1. Entity Name <b>WEXFORD (BREVARD COUNTY) CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>209 BALLY SHANNON ST. MELBOURNE BEACH FL 32951 US</b>		Mailing Address <b>209 BALLY SHANNON ST. MELBOURNE BEACH FL 32951 US</b>	
2. Principal Place of Business - No P.O. Box # <b>205 Ballyshannon St. Suite, Apt. #, etc. 302 City &amp; State Melbourne Bch, Fl Zip 32951 Country USA</b>		3. Mailing Address <b>205 Ballyshannon St. Suite, Apt. #, etc. 302 City &amp; State Melbourne Bch, Fl Zip 32951 Country USA</b>	
6. Name and Address of Current Registered Agent <b>STORTS-GRAY, ROBBIE 33 COVE RD. MELBOURNE BEACH FL 32951</b>		7. Name and Address of New Registered Agent <b>Name: Geri Phipps- Street Address (P.O. Box Number is Not Acceptable) 205 Ballyshannon St, 302 City &amp; State Melbourne Beach, FL Zip Code 32951</b>	
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. <b>SIGNATURE: Geraldine Phipps</b> <small>(Signature, typed or printed name of registered agent and not acceptable. (NOTE: Registered Agent Signature required when reinstating))</small> <b>DATE: 4/22/08</b>			
<b>FILE NOW: FEE IS \$61.25 Due By: May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME STORTS-GRAY, ROBBIE STREET ADDRESS 209 BALLY SHANNON ST. CITY-ST-ZIP MELBOURNE BEACH FL 32951	<input checked="" type="checkbox"/> Delete	TITLE NAME Knappman, Ed P STREET ADDRESS 215 Ballyshannon St, 202 CITY-ST-ZIP Melbourne Beach, Fl 32951	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME KIEBLER, RICHARD STREET ADDRESS 209 BALLY SHANNON ST. CITY-ST-ZIP MELBOURNE BEACH FL 32951	<input checked="" type="checkbox"/> Delete	TITLE NAME Phipps, Geri VPT STREET ADDRESS 205 Ballyshannon St, 302 CITY-ST-ZIP Melbourne Beach, Fl 32951	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VTD NAME JWANOWSKI, HENRY STREET ADDRESS 215 BALLY SHANNON ST. CITY-ST-ZIP MELBOURNE BEACH FL 32951	<input checked="" type="checkbox"/> Delete	TITLE NAME Minfield, Andy S STREET ADDRESS 205 Ballyshannon St, 301 CITY-ST-ZIP Melbourne Beach, Fl 32951	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME Engel, Bobby D STREET ADDRESS 205 Ballyshannon St, 201 CITY-ST-ZIP Melbourne Beach, Fl 32951	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Section 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 equal like empowered.

**SIGNATURE: Geraldine Phipps**  
**DATE: 4/22/08 321-956-2130**