


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N32698</b> 1. Entity Name <b>WEXFORD (BREVARD COUNTY) PROPERTY OWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>209 BALLYSHANNON ST. CLUBHOUSE MELBOURNE BEACH FL 32951 US</b>			Mailing Address <b>209 BALLYSHANNON ST CLUBHOUSE MELBOURNE BEACH FL 32951 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country		
4. FEI Number <div style="text-align: right;"><b>59-2951748</b></div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <b>MOSLEY, CURTIS R. 1221 EAST NEW HAVEN MELBOURNE FL 32901</b> </div>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GILLIS, DAVID 222 GLENGARRY AVE MELBOURNE BCH FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MACFADDEN, PATRICIA 215 BALLYSHANNON, #C-301 MELBOURNE BCH FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MAXWELL, CHAPMAN 213 GLENGARRY AVE MELBOURNE BCH FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE                      CR2E037 (10/05)

4. FEI Number                      **59-2951748**

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

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

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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 other like empowered.

**SIGNATURE:** *Chapman Maxwell*                      5/1/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #