

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

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # N46413	
1. Entity Name THE COURTYARDS AT WEXFORD HOMEOWNER'S ASSOCIATION, INC.	

Principal Place of Business 209 BALLYSHANNON STREET MELBOURNE BEACH FL 32951	Mailing Address 209 BALLYSHANNON STREET MELBOURNE BEACH FL 32951
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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

1st MOORE CR2E037 (10/07)

4. FEI Number 59-2951471	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOSLEY, CURTIS R. 1221 EAST NEW HAVEN AVENUE MELBOURNE FL 32901	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 _____	DATE _____

**FILE NOW: 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	☐ Delete D CHAPMAN, MAXWELL 213 GLENGARRY AVE MELBOURNE BEACH FL 32951
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete D SIEGEL, KAYE 216 GLENGARRY AVE MELBOURNE BEACH FL 32951
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete P ROMEO, VINCE 3812 MCFARLAND ST MELBOURNE BEACH FL 32950
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete D BARTOK, MAJORIE 3825 MCFARLANE STREET MELBOURNE BEACH FL 32951
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition UN00000588318 04/22/08-80033-012 61.25
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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 other like empowered

SIGNATURE: *Chapman Maxwell* **4/4/08**