

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90350 012 ****61.25

DOCUMENT # N95000003992

1. Entity Name
**WEXFORD ON THE GREEN HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**899 WOODBRIDGE DR
VENICE, FL 34293**

Mailing Address
**899 WOODBRIDGE DR
VENICE, FL 34293**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312006

Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0690439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JORDAN, DONNA
ADVANCED MANAGEMENT INC
899 WOODBRIDGE DR
VENICE, FL 34293**

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

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME TAPHOUSE, EDWARD
STREET ADDRESS 899 WOODBRIDGE DRIVE
CITY-ST-ZIP VENICE, FL 34293

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME HUMBERT, JEAN
STREET ADDRESS 899 WOODBRIDGE DR
CITY-ST-ZIP VENICE, FL 34293

TITLE ☒ Change ☐ Addition
NAME **SD HUMBERT, JEAN**
STREET ADDRESS
CITY-ST-ZIP

TITLE TRES ☐ Delete
NAME AUCKLAND, ROBERT C
STREET ADDRESS 183 BRAEMON AVE
CITY-ST-ZIP VENICE, FL 34293

TITLE ☒ Change ☐ Addition
NAME **TD AUCKLAND, ROBERT C**
STREET ADDRESS **899 WOODBRIDGE DR**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE VPD ☐ Delete
NAME POSCH, BILL
STREET ADDRESS 899 WOODBRIDGE DR
CITY-ST-ZIP VENICE, FL 34293

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME DELLAPIANA, ED
STREET ADDRESS 899 WOODBRIDGE DR
CITY-ST-ZIP VENICE, FL 34293

TITLE ☐ Change ☒ Addition
NAME **D ROBINSON, ELAINE**
STREET ADDRESS **899 WOODBRIDGE DR**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Robert Cauckland 4/15/06 941-493-0287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #