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FILED

May 19 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001588 (0)

1. Corporation Name

WICKHAM-95 COMMERCIAL DISTRICT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7380 MURELL RD. SUITE 201  
VIERA FL 32940

7380 MURELL RD. SUITE 201  
VIERA FL 32940-7947

3. Date Incorporated or Qualified  
09/14/1994

3a. Date of Last Report  
03/28/1996

2. Principal Place of Business

2a. Mailing Address

21 7380 MURRELL RD.

26 7380 MURRELL RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 201

27 SUITE 201

City & State

City & State

23 VIERA FL

28 VIERA FL

Zip

Country

Zip

Country

24 32940

25

29 32940

30

4. FEI Number

59-3307459

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLAKE, R. MASON  
7380 MURELL RD, SUITE 201  
VIERA FL 32940

81 Name

BLAKE, R. MASON

82

Street Address (P.O. Box Number is Not Acceptable)  
7380 MURRELL RD., SUITE 201

83

84 City

VIERA

FL

85 Zip Code

32940

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*R. Mason Blake*  
Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME DECATOR, JAY  
STREET ADDRESS 7380 MURELL RD, SUITE 201  
CITY-ST-ZIP VIERA FL 32940

1.1 TITLE VD ☒ Change ☐ Addition  
1.2 NAME DECATOR, JAY A III  
1.3 STREET ADDRESS 7380 MURRELL RD, SUITE 201  
1.4 CITY-ST-ZIP VIERA FL 32940

TITLE D ☐ DELETE  
NAME MARTELL, PAUL  
STREET ADDRESS 7380 MURELL RD, SUITE 201  
CITY-ST-ZIP VIERA FL 32940

2.1 TITLE TD ☒ Change ☐ Addition  
2.2 NAME MARTELL, PAUL  
2.3 STREET ADDRESS 7380 MURRELL RD., SUITE 201  
2.4 CITY-ST-ZIP VIERA FL 32940

TITLE O ☐ DELETE  
NAME BLAKELL, R. MASON  
STREET ADDRESS 7380 MURELL RD, SUITE 201  
CITY-ST-ZIP VIERA FL 32940

3.1 TITLE PD ☒ Change ☐ Addition  
3.2 NAME BLAKE, R. MASON  
3.3 STREET ADDRESS 7380 MURRELL RD., SUITE 201  
3.4 CITY-ST-ZIP VIERA FL 32940

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or an attachment with an address.

SIGNATURE

*R. Mason Blake*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 407 242-1200

CR2E037 (9/96)