## FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 20 1998 8:00am

Secretary of State

Sandra R. Mortilmii

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # N9600001588 (0)

WICKHAM-95 COMMERCIAL DISTRICT ASSOCIATION, INC.

| l.  |   |                                 |                     |  |   |                    |
|---|---|---------------------------------|---------------------|--|---|--------------------|
| 7380 MURRELL RD 7380 MURRELL  |   |                                 | L RD                |  | 3. Date incorporated or Qualified                                   |                    |
| STE. 201  |   | STE. 201                        |                     |  | 09/14/1994  |                    |
| MERA FL 32940   |   | VIERA FL 32940                  |                     |  | 4. FEI Number Applied For   |                    |
| US  |   | US                              |                     |  | 59-3307459  | Not Applicable     |
| 2. Principal Place of Business 2a. Mailing Address  |   |                                 |                     |  | 40  |                    |
| L '   |   |                                 |                     |  | 1 0, Certificate of Status Desired                                  | 75 Additional      |
| <b>21</b>   | 4   | 26                              | D. No. Ann. H. can  |  |   | e Required         |
| Suite, Apt.   | #, <b>9</b> 1C.                                   | Suite, Apt. #, etc.             | Suite, Apt. #, etc. |  | 6. Election Campaign Financing \$5.0                                | OO May Be          |
| <b>2</b> 2  |   | 27                              |                     |  | Trust Fund Contribution   | led to Fees        |
| City & State  | City & State                                      | ity & State                     |                     | 7. Is this nonprofit corporation a homeowners association? |   |                    |
| 23  | 28  |                                 |                     | Yes No   | Yes No  |                    |
| Zip   | Country   | Zip Cour                        |                     | гу   | 8. This corporation owes or has paid the current year Intangible    |                    |
| 24  | 25 29 30  |                                 | 30                  |  | Personal Property Tax due June 30. 🔲 Yes 👿 No                       |                    |
| -   | 9. Name and Address of Curren                     | Registered Agent                | <del></del>         |  | 10. Name and Address of New Registered Agent                        |                    |
|   |   |                                 |                     |  |   |                    |
| Decator, Jay A. III   |   |                                 |                     |  |   |                    |
|   |   |                                 |                     | 82 Street Address (P.O. Box Number is Not Acceptable)      |   |                    |
| 7380 MURELL RD, SUITE 201   |   |                                 |                     |  | 7380 Murrell Rd., Suite 201   |                    |
| VIERA FL 32940  |   |                                 |                     | 3  | Viera, FL 32940   |                    |
|   |   |                                 | ļ.                  | 4 City   | os.   | Zip Code           |
|   |   |                                 | ١                   | City   | FL  85  | Zip Code           |
| 11. Pursuant i  | to the provisions of Sections 617.0502            | and 617,1508. Florida Statu     | tes the abo         | ve-named   | corporation submits this statement for the purpose of changi        | ing 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 Jay A. Decator III April 20, 1998 Signature hyper of printed name of registered eight and lifte If applicable (NOTE: Registered Agent signature required when reinstating)  DATE  |   |                                 |                     |  |   |                    |
|   | Signatura type for stilled name of registered age |                                 |                     | gent signature   | ADDITIONS/CHANGES TO OFFICERS AND DIREC                             |                    |
| 12.   | OFFICERS AND                                      |                                 | 13.                 | . 1  |   |                    |
| TITLE   | VD  | ☐ DELETE                        | 1.1 TITLE           | •  | L. Cha  | nge 🔲 Addition     |
| NAME  | <b>DECATOR</b> , JAY                              |                                 | 1.2 NAM             | E  |   |                    |
| STREET ADDRESS  | 7380 MURELL RD, SUITE 201                         |                                 | 1.3 STRE            | ET ADDRESS   |   |                    |
| CITY-ST-ZIP   | VIERA FL  |                                 | 1.4 CITY            | -ST-ZIP  |   |                    |
| TITLE   | fo  | DELETE                          | 2.1 TITLE           |  | Cha   | nge Addition       |
| NAME  | MARTELL, PAUL                                     |                                 | 2.2 NAM             | . /  |   |                    |
| STREET ADDRESS  | 7380 MURELL RD, SUITE 201                         |                                 |                     | ET ADDRESS   |   | 1                  |
|   |   |                                 |                     |  | · ·   |                    |
| CITY-ST-ZIP   | VIERA FL  | IVI DELETE                      |                     | - ST- ZIP  |   | Adres-             |
| TITLE   | PD  | (X) DELETE                      | 3.1 TITLE           |  | Cha   | nge 🔲 Addition     |
| NAME  | BLAKELL, R. MASON                                 |                                 | 3.2 NAM             | E  |   |                    |
| STREET ADDRESS  | 7380 MURELL RD, SUITE 201                         |                                 | 3.3 STRE            | et address   |   |                    |
| CITY-ST-ZIP   | viera fl  |                                 | 3.4. CITY           | -ST-ZIP  |   |                    |
| TITLE   |   | ☐ DELETE                        | 4.1 TITLE           |  | Ď Cha   | nge 🗶 Addition     |
| NAME  |   |                                 | 4. 2 NAM            | <sub>F</sub> [   | MILLER, C. SCOTT  |                    |
| STREET ADDRESS  |   |                                 | 1                   | et address   | 7380 MURRELL RD. SUITE 201  |                    |
| - I   |   |                                 |                     |  |   |                    |
| CITY-ST-ZIP   |   | T BELETT                        | 4.4 CITY            |  | VIERA, FL   | Adam.              |
| TITLE   |   | ☐ DELETE                        | 5.1 TITLE           | •  | L Cha   | inge [_] Addition  |
| NAME  |   |                                 | 5.2 NAM             | E į  |   | ļ                  |
| STREET ADDRESS  |   |                                 | 5.3 STRE            | ET ADDRESS   |   |                    |
| CITY-ST-ZIP   |   |                                 | 5.4 CITY            | - ST- ZIP  |   | •                  |
| TITLE   |   | DELETE                          | 6.1 TITLE           |  | ☐ Cha   | nge Addition       |
| -   |   |                                 |                     |  |   |                    |
| NAME  |   |                                 | 6.2 NAM             |  |   |                    |
| STREET ADDRESS  |   |                                 | 6.3 STRE            | ET ADDRESS   |   |                    |
| CITY-ST-ZIP   |   |                                 | 6.4 CITY            |  |   |                    |
| 14. Thereby o   | ertify that the information supplied with         | h this filing does not qualify: | or the exem         | ntion state  | d in Section 119.07(3)(i). Florida Statutes, I further certify that | t 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 on an attachment with an address.

(407) 242–1200

CNATURE: