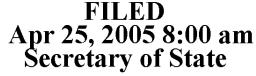
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000001591

1. Entity Name
WICKHAM COMMONS COMMERCIAL DISTRICT

ASSOCIATION, INC.





04-25-2005 90275 035 ****61.25

						ACCO MA						
Principal Place 7380 MURRE VIERA, FL 32	LL RD, SUIT	Mailing Address 7380 MURRELL RD, SUITE 201 VIERA, FL 32940										
2. Principal P	lace of Busine	3. Mailing Address										
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				04122005	Chg-NP	CR2E03	7 (10/03)		
City & State	9		City & State					4. FEI Number Applied For 59-3307162 Not Applicable				
Zip Country			Zip					5. Certificate of Status Desired \$8.75 Additiona Fee Required				
6. Name and Address of Current Registered Agent								7. Name and	Address of New	Registered A	gent	
						Name						
DECATOR, JAY A I 7380 MURRELL RD, SUITE 201 VIERA, FL 32940						Street Address (P.O. Box Number is Not Acceptable)						
VIEIO, I E	025-0					City					Zip Cod	^
						City				FL	Zip C00	
	named entity ions of registe	submits this statement fo ered agent.	r the purpo	se of changing its	registere	ed office o	register	ed agent, or bot	h, in the State of F	lorida. I am f	amiliar with,	and accept
SIGNATURE .		or printed name of registered agent	and title if appli	cable. (NOTI	: Registered	d Agent signat	ure required	when reinstating)	 ·	DATE		 -
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign F Trust Fund Contribut								\$5.00 May B		Make check orlda Depart		
10. OFFICERS AND DIRECTORS 11.								ADDITIONS/CHA	NGES TO OFFIC	FRS AND DIE	FCTORS IN	10
TITLE	VD	0111021071140 011	12010110	☐ Delete	TITLE		PD	10011101101010	11020 10 01110	211071112 011	Change	Addition
) IAV		La Delete			70				N cusuds	
NAME DECATOR, JAY					NAMI	_	l					
STREET ADDRESS 7380 MURRELL RD, SUITE 201						ET ADDRESS						
CITY-ST-ZIP	VIERA, FL	·			CHY	-ST-ZiP						
TITLÉ	D			Delete	TITLE	:	V 5	D			Change	Addition
NAME	MILLER, S	SCOTT C		: N.		Ε	 				•	
STREET ADDRESS	DORESS 7380 MURRELL RD, SUITE 201			ST			1					
CITY-ST-ZIP	VIERA, FL	•			CITY	-ST-ZIP						
TITLE	TD			Delete _	TITLE						☐ Change	☐ Addition
NAME	MARTELL	, PAUL			NAM	E						
STREET ADDRESS	7380 MUF	RRELL RD, SUITE 201			STRE	ET ADDRESS	1					
CITY-ST-ZIP	VIERA, FL				СПТА	-ST-ZIP						
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Puntu Paul Martell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-05

321-242-1200

Date

Daytime Phone #