


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

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

DOCUMENT # N96000001591 1. Entity Name WICKHAM COMMONS COMMERCIAL DISTRICT ASSOCIATION, INC.					
Principal Place of Business 7380 MURRELL RD, SUITE 201 VIERA, FL 32940			Mailing Address 7380 MURRELL RD, SUITE 201 VIERA, FL 32940		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3307162	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DECATOR, JAY A I 7380 MURRELL RD, SUITE 201 VIERA, FL 32940			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VD		TITLE	PD	
NAME	DECATOR, JAY		NAME	[X] Change <input type="checkbox"/> Addition	
STREET ADDRESS	7380 MURRELL RD, SUITE 201		STREET ADDRESS		
CITY-ST-ZIP	VIERA, FL		CITY-ST-ZIP		
TITLE	D		TITLE	VSD	
NAME	MILLER, SCOTT C		NAME	[X] Change <input type="checkbox"/> Addition	
STREET ADDRESS	7380 MURRELL RD, SUITE 201		STREET ADDRESS		
CITY-ST-ZIP	VIERA, FL		CITY-ST-ZIP		
TITLE	TD		TITLE		
NAME	MARTELL, PAUL		NAME	[X] Change <input type="checkbox"/> Addition	
STREET ADDRESS	7380 MURRELL RD, SUITE 201		STREET ADDRESS		
CITY-ST-ZIP	VIERA, FL		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME	[X] Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME	[X] Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME	[X] Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 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: <i>Paul Martell</i> Paul Martell					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4-12-05				Daytime Phone # 321-242-1200	

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