
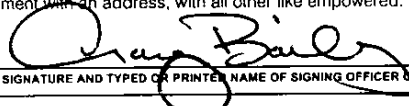


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90319 034 \*\*\*\*61.25

|  |  |  |  |  |   |
|--|--|--|--|--|---|
| <b>DOCUMENT # N96000006337</b><br>1. Entity Name<br><b>WICKHAM LAKES RESIDENTIAL DISTRICT ASSOCIATION, INC.</b>  |  |  |  |   |   |
| Principal Place of Business<br><b>1331 BEDFORD DRIVE<br/>SUITE 103<br/>MELBOURNE, FL 32940</b>   |  |  | Mailing Address<br><b>1331 BEDFORD DRIVE<br/>SUITE 103<br/>MELBOURNE, FL 32940</b> |  |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |  |  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |  |   |
| City & State   |  | City & State   |  | 4. FEI Number<br><b>59-3441509</b>   |   |
| Zip  |  | Country  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |
| 6. Name and Address of Current Registered Agent  |  |  |  | 7. Name and Address of New Registered Agent  |   |
| <b>DILLON, THOMAS<br/>1331 BEDFORD DR. STE 103<br/>MELBOURNE, FL 32940</b>   |  |  |  | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |  |  |  |  |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | <b>Make check payable to<br/>Florida Department of State</b>   |   |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                              |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>YOUNG, DAVID<br>8645 EOLA CT<br>VIERA, FL 32940                                     | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | DT<br>Simoncelli, Brandy<br>740 Wickham Lakes Dr.<br>Viera, FL 32940   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <del>DS</del><br><del>HAZLETON, DARLENE</del><br>750 WICKHAM LAKES DR<br>VIERA, FL 32940 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | DVP<br>Hazleton, Darlene   | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <del>VB</del><br>BAILEY, CRAIG<br>8606 MIZELL DRIVE<br>VIERA, FL 32940                   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | DP<br>Bailey, Craig<br>8606 Mizell Dr.<br>Viera, FL 32940  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>TEREK, RD<br>8664 EDA CT<br>VIERA, FL 32940  | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | DS<br>Crigler, Beth<br>740 Wickham Lakes Dr<br>Viera, FL 32940   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| 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. |  |  |  |  |   |
| <b>SIGNATURE:</b>   |  |  | 4/24/08 321-777-7515   |  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |  | Date Daytime Phone #   |  |   |

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04182008 Chg-NP CR2E037 (12/06)