

9/14/01-90008-041-\$61.25-\$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003883

1. Entity Name

OXFORD MOOR HOMEOWNERS ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 SEP 25 PM 12:45

Principal Place of Business

2180 W SR 434
STE 5000
LONGWOOD FL
32779

Mailing Address

2180 W SR 434
STE 5000
LONGWOOD FL
32779



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2180 W SR 434

Suite, Apt. #, etc.
STE 5000

City & State
LONGWOOD FL

Zip
32779

Country
US

3. Mailing Address

2180 W SR 434

Suite, Apt. #, etc.
STE 5000

City & State
LONGWOOD FL

Zip
32779

Country
US

4. FEI Number

59-3658987

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEEMAN, WALTER D JR
1241 SEMORAN BLVD, STE 185
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name: JAMES W HART JR
Street Address (P.O. Box Number is Not Acceptable): SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
City: LONGWOOD FL Zip Code: 32779

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.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/31/01

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE: PD
NAME: Walter Beeman
STREET ADDRESS: 1241 Semoran Blvd Ste 185
CITY-ST-ZIP: Casselberry, FL 32707 Delete

TITLE: VPD
NAME: E Bruce Lawson
STREET ADDRESS: 1241 Semoran Blvd. Ste 185
CITY-ST-ZIP: Casselberry, FL 32707 Delete

TITLE: STD
NAME: Naomi Pham
STREET ADDRESS: 1241 Semoran Blvd Suite 185
CITY-ST-ZIP: Casselberry, FL 32707 Delete

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank] Delete

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank] Delete

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank] Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank] Change Addition

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank] Change Addition

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank] Change Addition

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank] Change Addition

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank] Change Addition

TITLE: [Blank]
NAME: [Blank]
STREET ADDRESS: [Blank]
CITY-ST-ZIP: [Blank] Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/01

Date

407 679-0700

Daytime Phone #

CR2E037 (5/01)