

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 18, 2004
Secretary of State**

DOCUMENT# N00000003883

Entity Name: OXFORD MOOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3658987 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 W SR 434 STE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BEEMAN, WALTER
Address: 1241 SEMORAN BLVD STE 185
City-St-Zip: CASSELBERRY, FL 32707

Title: VD () Delete
Name: LAWSON, E. BRUCE
Address: 1241 SEMORAN BLVD. ST E185
City-St-Zip: CASSELBERRY, FL 32707

Title: SD () Delete
Name: PHAM, NAOMI
Address: 1241 SEMORAN BLVD, SUITE 185
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: LAWSON, E. BRUCE
Address: 1241 SEMORAN BLVD. ST E185
City-St-Zip: CASSELBERRY, FL 32707

Title: SD (X) Change () Addition
Name: GOKET, FELICIA
Address: 1241 SEMORAN BLVD, SUITE 185
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER BEEMAN

PD

03/18/2004

Electronic Signature of Signing Officer or Director

Date