

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 15, 2006  
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: RECANATI, NICK  
Address: 5830 OXFORD MOOR BLVD  
City-St-Zip: WINDERMERE, FL 34786

Title: VPD ( ) Delete  
Name: SECHREST, TROY  
Address: 5933 OXFORD MOOR BLVD  
City-St-Zip: WINDERMERE, FL 34786

Title: SD ( ) Delete  
Name: DREIBELBIS, SHERRY  
Address: 5927 OXFORD MOOR BLVD  
City-St-Zip: WINDERMERE, FL 34786

Title: TD ( ) Delete  
Name: WILSON, LINDA  
Address: 5537 OXFORD MOOR BLVD  
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Delete  
Name: WELBRGEN, HANS  
Address: 5801 OXFORD MOOR BLVD  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: TD (X) Change ( ) Addition  
Name: JAMES, JEFF  
Address: 5819 OXFORD MOOR BLVD  
City-St-Zip: WINDERMERE, FL 34786

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: NICK RECANATI

PD

03/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date