

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003883

FILED
Mar 31, 2009
Secretary of State

Entity Name: OXFORD MOOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

882 JACKSON AVE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVE
WINTER PARK, FL 32789

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:

JORDAN, BRETT M
882 JACKSON AVE
2180 W SR 434 STE 5000
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

HIRSCHFELD, DAWNE
882 JACKSON AVE
2180 W SR 434 STE 5000
WINTER PARK, FL 32789 US

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: DAWNE HIRSCHFELD

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STUCKEY, CAROL
Address: 5746 OXFORD MOOR BLVD
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: FERNANDEZ, MARGIE
Address: 5752 OXFORD MOOR BLVD
City-St-Zip: WINDERMERE, FL 34786

Title: D () Delete
Name: GOODWIN, DAN
Address: 5518 OXFORD MOOR BLVD
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: FERNANDEZ, MARGIE
Address: 5752 OXFORD MOOR BLVD
City-St-Zip: WINDERMERE, FL 34786

Title: SD (X) Change () Addition
Name: GOODWIN, DAN
Address: 5518 OXFORD MOOR BLVD
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify 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: CAROL STUCKEY

PD

03/31/2009

Electronic Signature of Signing Officer or Director

Date