

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 718282 (7)**

1. Corporation Name

**OXFORD CONDOMINIUM APARTMENT ASSOCIATION, INC. 300**



Principal Place of Business

**OXFORD 300 CONDOMINIUM  
APT 203  
W. PALM BEACH FL 33417**

Mailing Address

**OXFORD 300 CONDOMINIUM  
APT 203  
W. PALM BEACH FL 33417**

3. Date Incorporated or Qualified  
**03/30/1970**

3a. Date of Last Report  
**04/18/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**59-1655310**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUBIN, LILLIAN M.  
OXFORD 300 CONDOMINIUM #203  
W PALM BCH FL 33417**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DS** ☐ DELETE  
NAME **RUBIN, LILLIAN**  
STREET ADDRESS **OXFORD 300 APT 203**  
CITY-ST-ZIP **W PALM BCH, FL 00000**

TITLE **DV** ☒ DELETE  
NAME **SARA STURIM**  
STREET ADDRESS **OXFORD 300 APT 107**  
CITY-ST-ZIP **W PALM BCH, FL 00000**

TITLE **DT** ☐ DELETE  
NAME **RUBIN, JOHN**  
STREET ADDRESS **OXFORD 300, APT. 207**  
CITY-ST-ZIP **W PALM BCH, FL 00000**

TITLE **DP** ☐ DELETE  
NAME **BLUESTEIN, ESTHER**  
STREET ADDRESS **OXFORD 300 APT 104**  
CITY-ST-ZIP **W PALM BCH, FL 00000**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **\* DV** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **DS** ☐ Change ☒ Addition  
2.2 NAME **MARTHA F. VERSELE**  
2.3 STREET ADDRESS **OXFORD 300 APT 206**  
2.4 CITY-ST-ZIP **WPS, FL 33417**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Esther Bluestein* **Esther Bluestein, Pres.** **2/26/96** **683-8603**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)