

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 23, 1999 8:00 am**  
**Secretary of State**

07-23-1999 90006 019 \*\*\*\*61.25

**DOCUMENT # 718282**

1. Corporation Name

**OXFORD CONDOMINIUM APARTMENT ASSOCIATION, INC. 3  
00**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 **OXFORD 300 CONDOMINIUM**

Suite, Apt. #, etc.

27 **APT 206**

City & State

28 **W. PALM BEACH, FL**

Zip

29 **33417**

Country

30

3. Date Incorporated or Qualified

**03/30/1970**

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

**MARTHA FEUERBERG**

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

**206 OXFORD 300**

83

**WEST PALM BEACH**

84 City

**WEST PALM BEACH**

FL

85 Zip Code

**33417**

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

**Martha Feuerberg President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/8/99**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **DS FEVERBERG, MARTHA**  
STREET ADDRESS **OXFORD 300 APT 206**  
CITY-ST-ZIP **WEST. PALM BEACH FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **DP 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 ☒ Change ☐ Addition

NAME **UP HERBERT CHASE**  
STREET ADDRESS **102 OXFORD 300**  
CITY-ST-ZIP **WEST PALM BEACH, FL. 33417**

2.1 TITLE ☒ Change ☐ Addition

NAME **SECRETARY EVE BLOOM**  
STREET ADDRESS **202 OXFORD 300**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

3.1 TITLE ☐ Change ☐ Addition

NAME **DT JOHN RUBIN**  
STREET ADDRESS **207 OXFORD 300**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

4.1 TITLE ☐ Change ☐ Addition

NAME **PRES MARTHA FEUERBERG**  
STREET ADDRESS **206 OXFORD 300**  
CITY-ST-ZIP **WEST PALM BEACH, FL. 33417**

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: **Martha Feuerberg**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/8/99**  
Date

**561-640-6978**  
Daytime Phone #

0014378

CR2E037 (5/99)