

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 718282**

1. Entity Name

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

Principal Place of Business

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

Mailing Address

**OXFORD 300 CONDOMINIUM  
APT 206  
W. PALM BEACH FL 33417**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1655310**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FEUERBERG, MARTHA  
206 OXFORD 300  
WEST PALM BEACH FL 33417**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	CHASE, HERBERT	
STREET ADDRESS	102 OXFORD 300	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

TITLE	DP	<input type="checkbox"/> Delete
NAME	FEUERBERG, MARTHA	
STREET ADDRESS	206 OXFORD 300	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

TITLE	DS	<input type="checkbox"/> Delete
NAME	NEW, LILY	
STREET ADDRESS	204 OXFORD, #300	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RUBIN, JOHN	
STREET ADDRESS	207 OXFORD, #300	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORIS BARNETT	
STREET ADDRESS	106 OXFORD 300	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Lillian Schwartz	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lillian Schwartz	
STREET ADDRESS	205 OXFORD 300	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Martina Feuerberg* MARTHA Feuerberg 1/9/2001 640-6978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90176 033 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)