

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90248 047 ****61.25

DOCUMENT # N00000003970					
1. Entity Name OXFORD POINTE AT CROWN COLONY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O MYERS BRETHOLTZ & CO. 12671 WHITEHALL DR FT MYERS, FL 33907			Mailing Address C/O MYERS BRETHOLTZ & CO. 12671 WHITEHALL DR FT MYERS, FL 33907		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3724284	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MYERS BERTHOLTZ & CO. 12671 WHITEHALL DR FT MYERS, FL 33907			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
Signature, typed or printed name of registered agent and title if applicable.			DATE		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME TIERNEY, JOHN STREET ADDRESS 8976 GREENWICH HILL WAY #102 CITY-ST-ZIP FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		TITLE PD NAME Jerry Jones STREET ADDRESS 8825 West Forest LN #102 CITY-ST-ZIP Ft. Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME SAPER, LINDA STREET ADDRESS 8980 GREENWICH HILLS WAY #101 CITY-ST-ZIP FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		TITLE V NAME Al Liquori STREET ADDRESS 10590 Crownsbury Way #201 CITY-ST-ZIP Ft. Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME JOINER, LINDA STREET ADDRESS 8980 GREENWICH HILLS WAY 202 CITY-ST-ZIP NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME EVANS, CAROL STREET ADDRESS 8970 GREENWICH HILLS WAY #201 CITY-ST-ZIP FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		TITLE S NAME Robin Raineri STREET ADDRESS 11649 Mount Abbey Way #202 CITY-ST-ZIP Ft. Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME SIEMENAS, LINDA STREET ADDRESS 8980 GREENWICH HILLS WAY #102 CITY-ST-ZIP FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		TITLE T NAME Carl Fazio STREET ADDRESS 11580 Crownsbury Way #102 CITY-ST-ZIP Ft. Myers, FL 33908	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME BLECHER, JEFFREY STREET ADDRESS 8980 GREENWICH HILLS WAY #201 CITY-ST-ZIP FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:			3-17-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Daytime Phone #			Daytime Phone #		