2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003970

FILED Jan 13, 2009 Secretary of State

Entity Name: OXFORD POINTE AT CROWN COLONY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
C/O MYERS BRETHOLTZ & CO. 12671 WHITEHALL DR FT MYERS, FL 33907				C/O MYERS BRETTHOLTZ & CO. 12671 WHITEHALL DR FT MYERS, FL 33907			
Current Mailing Address:				New Mailing Address:			
C/O MYERS BRETHOLTZ & CO. 12671 WHITEHALL DR FT MYERS, FL 33907				C/O MYERS BRETTHOLTZ & CO. 12671 WHITEHALL DR FT MYERS, FL 33907			
FEI Number:	59-3724284	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status D	esired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
MYERS BERTHOLTZ & CO. 12671 WHITEHALL DR FT MYERS, FL 33907 US				MYERS BRETTHOLTZ & CO. 12671 WHITEHALL DR FT MYERS, FL 33907 US			
The above in the State		ubmits this statement for the pu	ırpose o	f changing it	ts registered	office or registered ag	ent, or both,
SIGNATURE: LORI WILSON				01/13/2009			
	Electroni	c Signature of Registered Ager	nt			Date	
OFFICERS AND DIRECTORS:				${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$			
Title: Name: Address: City-St-Zip:	PD () I JONES, JERRY 8825 W FORES FORT MYERS, F			Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	LIGUORI, AL	Delete SBURY WAY #201 EL 33908		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RAINERI, ROBIN	BBEY WAY #202		Title: Name: Address: City-St-Zip:	MEMOLI, SHA 16294 CROW	N ARBOR WAY #202	
Title: Name: Address: City-St-Zip:	FAZIO, CARL	Delete BURY WAY #102 L 33908		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	THOMPSON, I	T ABBEY WAY #102	

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: JERRY JONES PD 01/13/2009