

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718282

**Entity Name:** OXFORD CONDOMINIUM APARTMENT ASSOCIATION, INC. 300

**Current Principal Place of Business:**

104 OXFORD 300  
WEST PALM BEACH, FL 33417

**Current Mailing Address:**

OXFORD 300 C/O SEACREST SERVICES INC  
2400 CENTREPARK W DR #175  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 59-1655310

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KLIEMAN, TED  
104 OXFORD 300  
WEST PALM BEACH, FL 33417 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name KLIEMAN, TED  
Address 104 OXFORD 300  
City-State-Zip: WEST PALM BEACH FL 33417

Title VP  
Name KEEFE, WILLIAM  
Address 102 OXFORD 300  
City-State-Zip: WEST PALM BEACH FL 33417

Title S  
Name HOLMES, ELLEN  
Address 102 OXFORD 300  
City-State-Zip: WEST PALM BEACH FL 33417

Title D  
Name FEUERBERG, MARTHA  
Address 206 OXFORD 300  
City-State-Zip: WEST PALM BEACH FL 33417

Title T  
Name BUONACORE, LYNN  
Address 105 OXFORD 300  
City-State-Zip: WEST PALM BEACH FL 33417

*I hereby 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 all other like empowered.*

**SIGNATURE:** WILLIAM KEEFE

VP

04/02/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date