

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003883

**Entity Name:** OXFORD MOOR HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

13350 W. COLONIAL DRIVE, STE. 330  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

C/O SOUTHWEST PROPERTY MANAGEMENT, INC.  
P.O. BOX 783367  
WINTER GARDEN, FL 34778 US

**FEI Number:** 59-3658987

**Certificate of Status Desired:** No

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

SOUTHWEST PROPERTY MANAGEMENT, INC.  
13350 W. COLONIAL DRIVE, STE. 330  
WINTER GARDEN, FL 34787 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           TREASURER  
Name           BENNETT, ERIC  
Address        P.O. BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

Title           PRESIDENT  
Name           WELBERGEN, JOHANNES  
Address        P.O. BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

Title           DIRECTOR  
Name           STUCKEY, GENE  
Address        P.O. BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

Title           VP  
Name           MCCRARY, LINDA  
Address        P.O. BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

Title           SECRETARY  
Name           TRIVEDI, BINA  
Address        P.O. BOX 783367  
City-State-Zip: WINTER GARDEN FL 34778

*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:** JOHANNES WELBERGEN

**PRESIDENT**

**02/22/2018**

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

\_\_\_\_\_  
Date