2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State
01-20-2005 90033 019 ****61.25

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1. Entity Name
OXFORD CONDOMINIUM APARTMENT ASSOCIATION, INC. 300

Principal Place of Business	Mailing Address
OXFORD 300 CONDOMINIUM APT 201 W. PALM BEACH, FL 33417 US	OXFORD 300 CONDOMINIUM APT 201 W. PALM BEACH, FL 33417 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

SEACREST SERVICES, INC.
2400 CENTRE PARK W. DRIVE
#175
WEST PALM BEACH, FL 33409

1062005 Chg-NP . CR2E037 (10/03)

FEI Number
59-1655310

☐ Applied For
☐ Not Applicable

Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RELTA, JEANNETTE E
201 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
(Signature, type or print name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when changing)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BLUESTEIN, ESTER 104 OXFORD 300 WEST PALM BEACH, FL 33417	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD REHA, JENNETTE 201 OXFORD 300 WEST PALM Beach, FL 33417	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RELTA, JEANNETTE E 201 OXFORD 300 WEST PALM BEACH, FL 33417	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD STURIM, SARAH 107 OXFORD 300 WEST PALM Beach, FL 33417	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FEUERBERG, MARTHA 206 OXFORD 300 WEST PALM BEACH, FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FEUERBERG, MARTHA 206 OXFORD 300 WEST PALM Beach, FL 33417	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHWARTZ, LILLIAN 205 OXFORD 300 WEST PALM BEACH, FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHWARTZ, LILLIAN 205 OXFORD 300 WEST PALM BEACH, FL 33417	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Lillian Schwartz Lillian Schwartz 1/8/05 561 683-0654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #