FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:51

DOCUMENT # 718283 (5)

1. Corporation Name

OXFORD CONDOMINIUM APARTMENT ASSOCIATION, INC. 1
00

Principal Place of Business	Mailing Address
OXFORD CONDOMINIUM ASSN. INC CENTURY VILLAGE, NORTH DRIVE WEST PALM BEACH FL 33417	OXFORD CONDOMINIUM ASSN. INC CENTURY VILLAGE, NORTH DRIVE WEST PALM BEACH FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1970
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1514510 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. (21) Principal Place of Business — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. (26) Mailing Address — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

9. Name and Address of Current Registered Agent

BERGER, EDITH
OXFORD 100-202
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: EDITH BERGER — Edith A Berger — 4/4/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	EISENBERG, EPHRON H	1.2 NAME	ABRAHAM WOLFSON	
STREET ADDRESS	OXFORD 100-203	1.3 STREET ADDRESS	OXFORD 100 - 106	
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	W PALM BCH FL	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	COLDSTEIN, MILDRED	2.2 NAME		
STREET ADDRESS	OXFORD 100-104	2.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	S D	☒ Change ☐ Addition
NAME	EISENBERG, SYDELL	3.2 NAME	CYNTHIA KATZ	
STREET ADDRESS	OXFORD 100-203	3.3 STREET ADDRESS	OXFORD 100 - 201	
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP	W PALM BCH FL	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	BERGER, EDITH	4.2 NAME		
STREET ADDRESS	OXFORD 100-202	4.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Abraham Wolfson — 4/4/95 — 407-697-4322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048773