

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718283

1. Entity Name

OXFORD 100 CONDOMINIUM ASSOCIATION INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90176 031 ****61.25

Principal Place of Business

107 OXFORD 100
#107
WEST PALM BEACH FL 33417

Mailing Address

107 OXFORD 100
#107
WEST PALM BEACH FL 33417

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1514510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCLOSKEY, WILLIAM L
C/O SEACREST SERVICES INC.
3700 GEORGIA AVENUE
WEST PALM BEACH FL 33405

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE VDMG ☒ Delete
NAME GOLDSTEIN, MILDRED
STREET ADDRESS 104 OXFORD 100
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE TD ☐ Delete
NAME LYONS, MORTIMER
STREET ADDRESS 107 OXFORD 100
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE S ☐ Delete
NAME CHARMOFF, EDITH
STREET ADDRESS 103 OXFORD 100
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE PD ☐ Delete
NAME GROSSMAN, HENRY
STREET ADDRESS 105 OXFORD 100
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ROSS, ED ☐ Delete
NAME (DIRECTOR)
STREET ADDRESS 201 OXFORD 100
CITY-ST-ZIP WPB FL

TITLE ZALEWSKI, ELSIE ☐ Delete
NAME DIRECTOR
STREET ADDRESS 108 OXFORD 100
CITY-ST-ZIP WPB FL 33417

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STANCHERLIN, LISA ☐ Change ☐ Addition
NAME
STREET ADDRESS 209 OXFORD 100
CITY-ST-ZIP WPB FL 33417

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CHARNOFF ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edith Charnoff EDITH H. CHARNOFF
Director 561-683-1476

Date

561-683-1476

CR2E037 (10/00)