

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90084 041 ****61.25

DOCUMENT # 718283

1. Entity Name

OXFORD 100 CONDOMINIUM ASSOCIATION INC.

Principal Place of Business

Mailing Address

107 OXFORD 100

107 OXFORD 100

#107

#107

WEST PALM BEACH FL 33417

WEST PALM BEACH FL 33417

2. Principal Place of Business

108 OXFORD 100

3. Mailing Address

108 OXFORD 100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1514510

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	STANGHERLIN, LISA	
STREET ADDRESS	209 OXFORD 100	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LYONS, MORTIMER	
STREET ADDRESS	107 OXFORD 100	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHARNOFF, EDITH	
STREET ADDRESS	103 OXFORD 100	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GROSSMAN, HENRY	
STREET ADDRESS	105 OXFORD 100	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, ED	
STREET ADDRESS	201 OXFORD 100	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZALEWSKI, ELSIE	
STREET ADDRESS	108 OXFORD 100	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33417	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS, ESTELLE	
STREET ADDRESS	105 OXFORD 100	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE STEFANO, NANCY	
STREET ADDRESS	207 OXFORD 100	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, EDWARD J.	
STREET ADDRESS		
CITY-ST-ZIP	33417	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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

FEBRUARY 13, 2002 (561) 615-6680

CR2E037 (9/01)