2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State
07-08-2004 90191 008 ****61.25

DOCUMENT # 718283

1. Entity Name
OXFORD 100 CONDOMINIUM ASSOCIATION INC.

Principal Place of Business	Mailing Address
201 OXFORD 100 WEST PALM BEACH, FL 33417	201 OXFORD 100 WEST PALM BEACH, FL 33417

07012004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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

KEFAURER, DOROTHY
C/O SEACREST SERVICES INC.
2400 CENTRE PARK WEST DR., #175
WEST PALM BEACH, FL 33417

7. Name and Address of New Registered Agent

Name: EDWARD J. ROSS, PRESIDENT
Street Address (P.O. Box Number is Not Acceptable)
OXFORD 100 CONDOMINIUM ASSOCIATION, INC.
201 OXFORD 100
City: WEST PALM BEACH FL Zip Code: 33417-1412

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: Edward J. Ross EDWARD J. ROSS, PRESIDENT JULY 2, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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	D STANGHERLIN, LISA 209 OXFORD 100 WEST PALM BEACH, FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MATTHEWS, ESTELLE 105 OXFORD 100 WEST PALM BEACH, FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CHARNOFF, EDITH 103 OXFORD 100 WEST PALM BEACH, FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE STEFANO, NANCY 207 OXFORD 100 WEST PALM BEACH, FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROSS, EDWARD J 201 OXFORD 100 WEST PALM BEACH, FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ZALEWSKI, ELSIE 108 OXFORD 100 WEST PALM BEACH, FL 33417	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARIE NYGARD 204 OXFORD 100 WEST PALM BEACH, FL 33417	☐ 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: Edward J. Ross JULY 2, 2004 (561) 615-6680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #