


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90032 006 ****61.25

DOCUMENT # 718283	
1. Entity Name OXFORD 100 CONDOMINIUM ASSOCIATION INC.	

Principal Place of Business 201 OXFORD 100 WEST PALM BEACH FL 33417	Mailing Address 201 OXFORD 100 WEST PALM BEACH FL 33417
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2. Principal Place of Business - No P.O. Box # 206 OXFORD 100	3. Mailing Address 206 OXFORD 100
Suite, Apt. #, etc. WEST PALM BEACH	Suite, Apt. #, etc.
City & State FLORIDA	City & State WEST PALM BEACH, FL
Zip 33417	Country U.S.A.

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent ROSS, EDWARD J PRES OXFORD 100 CONDOMINIUM ASSOCIATION, INC. 201 OXFORD 100 WEST PALM BEACH FL 33417	7. Name and Address of New Registered Agent Name HOWARD B. KELLNER Street Address (P.O. Box Number is Not Acceptable) 206 OXFORD 100 City WEST PALM BEACH FL Zip Code 33417
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4. FEI Number 59-1514510	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 **HOWARD B. KELLNER**
VICE PRESIDENT
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-statuting.)
DATE **JAN. 19, 2007**

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	D STANGHERLIN, LISE 209 OXFORD 100 WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VD KELLNER, HOWARD B 206 OXFORD 100 WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D GRUNES, JEROME DR 109 OXFORD 100 WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D WASSERMAN, ARNOLD 101 OXFORD 100 WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	PTD ROSS, EDWARD J 201 OXFORD 100 WEST PALM BEACH FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	SD NYGARD, MARIE 204 OXFORD 100 WEST PALM BEACH FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **HOWARD B. KELLNER** JAN. 19, 2007 (561) 686-3640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #