

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90006 028 ****61.25

DOCUMENT # 718283

1. Entity Name
OXFORD 100 CONDOMINIUM ASSOCIATION INC.



Principal Place of Business
**206 OXFORD 100
WEST PALM BEACH, FL 33417**

Mailing Address
**206 OXFORD 100
WEST PALM BEACH, FL 33417**

40028577



2. Principal Place of Business - No P.O. Box #
201 OXFORD 100
Suite, Apt. #, etc.

3. Mailing Address
201 OXFORD 100
Suite, Apt. #, etc.

01232008 Chg-NP CR2E037 (12/06)

City & State
WEST PALM BEACH, FL
Zip
33417-1412

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33417-1412

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

**KELLNER, HOWARD B
206 OXFORD 100
WEST PALM BEACH, FL 33417**

7. Name and Address of New Registered Agent

Name **EDWARD J. ROSS, R.A.**
Street Address (P.O. Box Number is Not Acceptable)
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, R.A.** *Edward J. Ross* **FEBRUARY 8, 2008**
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 May 1, 2008**

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 **TD** ☐ Delete
NAME **STANGHERLIN, LISE**
STREET ADDRESS **209 OXFORD 100**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

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

TITLE **VD** ☐ Delete
NAME **KELLNER, HOWARD B**
STREET ADDRESS **206 OXFORD 100**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **V/T/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GRUNES, JEROME DR**
STREET ADDRESS **109 OXFORD 100**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

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

TITLE **PD** ☐ Delete
NAME **WASSERMAN, ARNOLD**
STREET ADDRESS **101 OXFORD 100**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

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

TITLE **SD** ☐ Delete
NAME **NYGARD, MARIE**
STREET ADDRESS **204 OXFORD 100**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P/C/D** ☐ Change ☒ Addition
NAME **EDWARD J. ROSS**
STREET ADDRESS **201 OXFORD 100**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417-1412**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Edward J. Ross* **EDWARD J. ROSS** **FEBRUARY 8, 2008** **(561) 615-6680**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #