

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90103 026 *****61.25

DOCUMENT # 718283

1. Entity Name

OXFORD 100 CONDOMINIUM ASSOCIATION INC.



Principal Place of Business

**108 OXFORD 100
WEST PALM BEACH FL 33417**

Mailing Address

**108 OXFORD 100
WEST PALM BEACH FL 33417**

2. Principal Place of Business

201 OXFORD 100

3. Mailing Address

201 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

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

Name **Dorothy Kefauver**

Street Address (P.O. Box Number is Not Acceptable)

70 Seacrest Services

2400 Centre Park West Dr. #175

City **W. Palm Beach**

FL

Zip Code **33417**

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

3/26/03

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
Florida 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 33417	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MATTHEWS, ESTELLE	
STREET ADDRESS	105 OXFORD 100	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHARNOFF, EDITH	
STREET ADDRESS	103 OXFORD 100	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	DESTFAO, NANCY	
STREET ADDRESS	207 OXFORD 100	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROSS, EDWARD J	
STREET ADDRESS	201 OXFORD 100	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ZALEWSKI, ELSIE	
STREET ADDRESS	108 OXFORD 100	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE STEFANO	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input 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]
SIGNATURE REQUIRED

JANUARY 10, 2003 (561) 615-6680

CR2E037 (10/02)