


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90040 006 ****61.25

DOCUMENT # 718284 1. Entity Name OXFORD CONDOMINIUM APARTMENT ASSOCIATION, INC. 200					
Principal Place of Business C/O FRANK PEPINE 123 OXFORD 200 WEST PALM BEACH, FL 33417			Mailing Address SEACREST SERVICES, INC. 2400 CENTRE PARK W DRIVE, # 175 WEST PALM BEACH, FL 33409		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent PEPINE, FRANK PD 123 OXFORD 200 WEST PALM BEACH, FL 33417				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				01232008 Chg-NP CR2E037 (12/06)	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
Filing Fee is \$61.25 Due by May 1, 2008		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		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEPINE, FRANK 123 OXFORD, #200 WEST PALM BEACH, FL 33417		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HENRY, BARBARA 119 BLDG 200 WEST PALM BEACH, FL 33417		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLACKMAN, BABETTE 208 OXFORD 200 WEST PALM BEACH, FL 33417		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WARNER, LOUISE 106 OXFORD 200 WEST PALM BEACH, FL 33417		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM AMMON, DAWN 205 BLDG 200 WEST PALM BEACH, FL 33417		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A SOLOMON, SHELLEY 209 OXFORD 200 WEST PALM BEACH, FL 33417		<input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President RENALDO ZOLLO 121 OXFORD Bldg 200 West Palm Bch FL 33417		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary DAWN AMMON 205 OXFORD Bldg 200 West Palm Bch FL 33417		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Shelly Solomon 209 OXFORD 200 West Palm Bch FL 33417		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Barry Goldstein INTERNAE 219 OXFORD Bldg 200 West Palm Bch FL 33417		<input checked="" 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 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: <u>FRANK PEPINE</u> <u>2/6/08</u> <u>561-616-0981</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					