
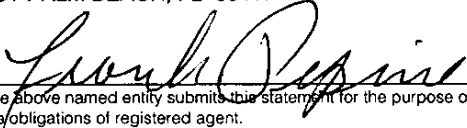



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90056 004 \*\*\*\*61.25

<b>DOCUMENT # 718285</b> 1. Entity Name <b>OXFORD COLONY CLUB, INC.</b>							
Principal Place of Business <b>123 OXFORD 200</b> <b>WEST PALM BEACH, FL 33417 US</b>				Mailing Address <b>SEACREST SERVICES, INC.</b> <b>2400 CENTER PARK W DRIVE, STE. 175</b> <b>WEST PALM BEACH, FL 33409 US</b>			
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	03192007 Chg-NP CR2E037 (12/06) 4. FEI Number <b>59-1638643</b> <table border="1" style="float: right; width: 100px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>PEPINE, FRANK</b> <b>123 OXFORD BLDG 200</b> <b>WEST PALM BEACH, FL 33417</b> 			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____				
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 _____ DATE <u>3/22/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	PEPINE, FRANK		NAME				
STREET ADDRESS	123 OXFORD 200		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ROSS, EDWARD		NAME				
STREET ADDRESS	201 OXFORD 100		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	COMVERSANO, ANNE		NAME				
STREET ADDRESS	123 OXFORD 200		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BALDINO, WARLINE		NAME	<b>Treasurer</b> <b>MARSITALL Seidler</b>			
STREET ADDRESS	105 OXFORD 500		STREET ADDRESS	<b>124 Bldg 200</b>			
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	<b>W.P.B. 33417</b>			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WEBB, GLEN		NAME				
STREET ADDRESS	101 OXFORD 600		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	REUA, JEANETTE		NAME	<b>Director</b> <b>HANNAH DUKE</b>			
STREET ADDRESS	201 OXFORD 300		STREET ADDRESS	<b>102 Bldg 700</b>			
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	<b>W.P.B. 33417</b>			
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: 							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
<small>Date Daytime Phone #</small>							