

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738836

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** OXFORD FOREST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4822 CHERWELL LANE  
JACKSONVILLE, FL 32217 US

**New Principal Place of Business:**

8204 OXFORD FOREST DRIVE  
JACKSONVILLE, FL 32217 US

**Current Mailing Address:**

P.O. BOX 24007  
JACKSONVILLE, FL 32241 US

**New Mailing Address:**

**FEI Number:** 59-1670812      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HEEKIN, MALIN & WENZEL  
1 INDEPENDENT DRIVE  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

DANIEL M COPELAND, PA  
9310 OLD KINGS ROAD SOUTH  
1501  
JACKSONVILLE, FL 32257 US

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.

SIGNATURE: TIMOTHY FRANKLIN, ESQ

04/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HUMPHREY, MADELINE K  
Address: 4808 CHERWELL LANE  
City-St-Zip: JACKSONVILLE, FL 32217

Title: SD  
Name: SPIRO, ELIZABETH  
Address: 4819 EVENLODE LANE  
City-St-Zip: JACKSONVILLE, FL 32217

Title: TD  
Name: ROOS, SHIRLEY  
Address: 8204 OXFORD FOREST DRIVE  
City-St-Zip: JACKSONVILLE, FL 32217

Title: D  
Name: MACIOCI, DENICE  
Address: 2828 JEWELL ROAD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D  
Name: BERRY, JOANN  
Address: 4829 WINDRUSH LANE  
City-St-Zip: JACKSONVILLE, FL 32217

Title: D  
Name: LOADHOLTZ, GWENDOLYN  
Address: 8206 OXFORD FOREST DRIVE  
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHIRLEY ROOS

TD

04/23/2012

Electronic Signature of Signing Officer or Director

Date