

2005

FILED

Jun 14, 2005 8:00 am
Secretary of State

06-14-2005 90001 044 ****61.25

DOCUMENT # 757893

1. Entity Name
OXFORD Condominium Assoc. Inc

Principal Place of Business

Mailing Address

J+L Property MGMT INC 10191 W Sample Rd
203
Coral Springs, FL 33065

400080037

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

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

James Calderazzo
10191 W. Sample Rd Suite 203
Coral Springs, FL 33065

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution.\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	Jorge Perez	<input type="checkbox"/> Delete
NAME		8994 west sample Rd. #207	
STREET ADDRESS		Coral Springs, FL 33065	
CITY-ST-ZIP			

TITLE	VP	Amy Anstett	<input type="checkbox"/> Delete
NAME		8982 W Sample Rd. #204	
STREET ADDRESS		Coral Springs, FL 33065	
CITY-ST-ZIP			

TITLE	Sec	Thomas Markay	<input type="checkbox"/> Delete
NAME		8992 west sample Rd #107	
STREET ADDRESS		Coral Springs, FL 33065	
CITY-ST-ZIP			

TITLE	treas	Mary scelta	<input type="checkbox"/> Delete
NAME		8984 W Sample Rd #105	
STREET ADDRESS		Coral Springs, FL 33065	
CITY-ST-ZIP			

TITLE		Maria Guszczo	<input type="checkbox"/> Delete
NAME		8990 W Sample Rd. #206	
STREET ADDRESS		Coral Springs, FL 33065	
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Delete
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 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 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.

M. Guszczo