2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 8:00 am
Secretary of State
02-29-2008 90023 050 ****61.25

DOCUMENT # 757893

1. Entity Name

OXFORD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O J & L PROPERTY MANAGEMENT, INC 10191 WEST SAMPLE ROAD, #203 CORAL SPRINGS FL 33065	C/O J & L PROPERTY MANAGEMENT, INC 10191 WEST SAMPLE ROAD, #203 CORAL SPRINGS FL 33065

1st MOORE CR2E037 (10/07)

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

4. FEI Number: 59-2445355 ☐ Applied For ☐ Not Applicable

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
CALDERAZZO, JAMES C/O J & L PROPERTY MANAGEMENT, INC. 10191 WEST SAMPLE ROAD, #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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if officer or director (NOTE: Registered Agent signature required where indicated)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P PEREZ, JORGE 8994 W SAMPLE RD, #207 CORAL SPRINGS FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~S~~ VP MARKEY, THOMAS 8992 W SAMPLE RD, #107 CORAL SPRINGS FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUSZCZO, MARIA 8990 W SAMPLE RD, #206 CORAL SPRINGS FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Alice Markey (S) 8992 W Sample Rd #107 Coral Springs FL 33065	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(S) ALICE MARKEY 8992 W SAMPLE RD #107 CORAL SPRINGS FL 33065	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Edith Miksa~~ ~~8996 W Sample Rd. #108~~ ~~Coral Springs, FL 33065~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(T) EDITH MIKSA 8996 W SAMPLE RD #108 CORAL SPRINGS FL 33065	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Edith Miksa - Edith Miksa 2/23/08 954 263-6383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #