2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#757893

FILED Mar 02, 2009 Secretary of State

Entity Name: OXFORD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O J & L PROPERTY MANAGEMENT, INC 10191 WEST SAMPLE ROAD, #203 CORAL SPRINGS, FL 33065 **New Mailing Address: Current Mailing Address:** C/O J & L PROPERTY MANAGEMENT, INC 10191 WEST SAMPLE ROAD, #203 CORAL SPRINGS, FL 33065 FEI Number: 59-2445355 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: 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 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PEREZ, JORGE Name: Name: 8994 W SAMPLE RD, #207 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: () Delete Title: (X) Change () Addition MARKEY, THOMAS Name: ANSTETT, AMY Name: Address: 8992 W SAMPLE RD. #107 Address: 8982 W SAMPLE RD. #204 City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065 Title: () Delete Title: () Change () Addition GUSZCZO, MARIA Name: Name: 8990 W SAMPLE RD, #206 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: MARKEY, ALICE Name: 8992 W SAMPLE RD #107 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: Title: (X) Delete Title: () Change () Addition MIKSA, EDITH Name: Name: 8996 W SAMPLE RD #108 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES CALDERAZZO RA 03/02/2009