
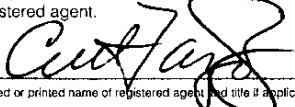



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90248 047 \*\*\*\*61.25

<b>DOCUMENT # N00000003970</b>					
1. Entity Name OXFORD POINTE AT CROWN COLONY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O MYERS BRETHERTZ & CO. 12671 WHITEHALL DR FT MYERS, FL 33907		Mailing Address C/O MYERS BRETHERTZ & CO. 12671 WHITEHALL DR FT MYERS, FL 33907		4000000	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		02272008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3724284	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MYERS BERTHOLTZ & CO. 12671 WHITEHALL DR FT MYERS, FL 33907				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				FL	
Zip Code				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: 3-17-08	
Signature, typed or printed name of registered agent, and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIERNEY, JOHN		NAME	Jerry Jones	
STREET ADDRESS	8976 GREENWICH HILL WAY #102		STREET ADDRESS	8825 West Forest LN #102	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAPER, LINDA		NAME	Al Liquori	
STREET ADDRESS	8980 GREENWICH HILLS WAY #101		STREET ADDRESS	10590 Crownsbury Way #201	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOINER, LINDA		NAME		
STREET ADDRESS	8980 GREENWICH HILLS WAY 202		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, CAROL		NAME	Robin Raineri	
STREET ADDRESS	8970 GREENWICH HILLS WAY #201		STREET ADDRESS	11449 Mount Abbey Way #202	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIEMENAS, LINDA		NAME	Carl Fazio	
STREET ADDRESS	8980 GREENWICH HILLS WAY #102		STREET ADDRESS	10580 Crownsbury Way #102	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLECHER, JEFFREY		NAME		
STREET ADDRESS	8980 GREENWICH HILLS WAY #201		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
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: 				DATE: 3-17-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	