

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90008 007 ****61.25

DOCUMENT# N02000002182

1. Entity Name

OXFORD POINTE II AT CROWN COLONY CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

5801 PELICAN BAY BLVD STE 600
NAPLES FL 34108

Mailing Address

5801 PELICAN BAY BLVD STE 600
NAPLES FL 34108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

02-0579290

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUEMLER, TIMOTHY J
5801 PELICAN BAY BLVD STE 600
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name HALLORAN, DAN - CAM
Street Address (P.O. Box Number is Not Acceptable)
5801 PELICAN BAY BLVD STE 600
City NAPLES FL Zip Code 34108

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MOSHER, TED	
STREET ADDRESS	5801 PELICAN BAY BLVD STE 600	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GOODNIGHT, JOHN	
STREET ADDRESS	5801 PELICAN BAY BLVD STE 600	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	UNSINN, DIANA	
STREET ADDRESS	5801 PELICAN BAY BLVD STE 600	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDA MILLER	
STREET ADDRESS	16113 MT. ABBEY WAY #102	
CITY-ST-ZIP	FT. MYERS, FL 33908	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBIN RAINER	
STREET ADDRESS	16149 MT. ABBEY WAY #202	
CITY-ST-ZIP	FT. MYERS, FL 33908	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY PROTHORPE	
STREET ADDRESS	16137 MT. ABBEY WAY #202	
CITY-ST-ZIP	FT. MYERS, FL 33908	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/04

239-449-1067