


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90040 035 ****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		
4. FEI Number 02-0579290					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HALLORAN, DAN CAM 5801 PELICAN BAY BLVD SUITE 600 NAPLES, FL 34108			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 MILLER, LINDA <input type="checkbox"/> Delete STREET ADDRESS 16113 MT. ABBEY WAY, #102 CITY-ST-ZIP FORT MYERS, FL 33908		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VPD RAINERI, ROBIN <input type="checkbox"/> Delete STREET ADDRESS 16149 MT. ABBEY WAY, #202 CITY-ST-ZIP FORT MYERS, FL 33908		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	STD PRUTHEROE, RAY <input type="checkbox"/> Delete STREET ADDRESS 16137 MT. ABBEY WAY, #202 CITY-ST-ZIP FORT MYERS, FL 33908		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Ray Pruthoe</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-20-05 <small>Date</small>		
			<small>Daytime Phone #</small>		

40005966



01102005 Chg-NP CR2E037 (10/03)

4. FEI Number
02-0579290

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

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SIGNATURE: *Ray Pruthoe*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-05
Date

Daytime Phone #