


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 SEP 20 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| DOCUMENT # N02000002182 1. Entity Name OXFORD POINTE II AT CROWN COLONY CONDOMINIUM ASSOCIATION, INC. | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business OMNI MGMT. SERVICES 4138 N KEYSTONE AVE INDIANAPOLIS, IN 43205 | | Mailing Address OMNI MGMT. SERVICES 4138 N KEYSTONE AVE INDIANAPOLIS, IN 43205 | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - Not P.O. Box c/o Myers Brethholtz & Co 12671 Whitehall DR Ft. Myers, FL 33907 USA | | 3. Mailing Address c/o Myers Brethholtz & Co Suite, Apt. #, etc. 12671 Whitehall DR Ft. Myers, FL 33907 USA | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number 02-0579290 | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Name and Address of Current Registered Agent OMNI MANAGEMENT SERVICES OF FLORIDA, INC. 27499 RIVERVIEW CENTER BLVD SUITE 134 BONITA SPRINGS, FL 34134 | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Name and Address of New Registered Agent Myers Brethholtz & Co Street Address (P.O. Box Number is Not Acceptable) 12671 Whitehall Drive Ft. Myers FL 33907 | | 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: <u>Don With</u> DATE: <u>9/17/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">PD</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MILLER, LINDA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16113 MT. ABBEY WAY, #102</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 33908</td> <td></td> </tr> </table> | TITLE | PD | <input checked="" type="checkbox"/> Delete | NAME | MILLER, LINDA | | STREET ADDRESS | 16113 MT. ABBEY WAY, #102 | | CITY-ST-ZIP | FORT MYERS, FL 33908 | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">PD</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Raymond Protheroe</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16137 Mt. Abbey Way #202</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Ft. Myers, FL 33908</td> <td></td> </tr> </table> | TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | Raymond Protheroe | | STREET ADDRESS | 16137 Mt. Abbey Way #202 | | CITY-ST-ZIP | Ft. Myers, FL 33908 | |
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| 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: <u>Ray Protheroe</u> RAY PROTHEROE PRESIDENT | | Date: <u>9-13-07</u> Daytime Phone #: <u>717-817-3801</u> | | | | | | | | | | | | | | | | | | | | | | | |

9/24