

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90043 030 \*\*\*\*61.25



<b>DOCUMENT # N03000005650</b>				<b>1. Entity Name</b> OXFORD CHASE HOMEOWNERS ASSOCIATION, INC.	
<b>Principal Place of Business</b> 5455 HIGHWAY A1A SOUTH ST. AUGUSTINE, FL 32080		<b>Mailing Address</b> 5455 HIGHWAY A1A SOUTH ST. AUGUSTINE, FL 32080			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> NOT APPLICABLE <input type="checkbox"/> <b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MAY MANAGEMENT SERVICES, INC. 5455 HIGHWAY A1A SOUTH ST. PETERSBURG, FL 32080-3209			Name <u>May Management Services, Inc.</u> Street Address (P.O. Box Number is Not Acceptable) <u>5455 A1A South</u> City <u>St Augustine</u> <b>FL</b> Zip Code <u>32080</u>		
<b>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.</b>					
SIGNATURE <u>Rebena Good</u>		<u>Vice President</u>		DATE <u>03/04/05</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SMITH, DAVID A	NAME	JAMES SIMPSON		
STREET ADDRESS	7785 BAYMEADOWS WAY STE 200	STREET ADDRESS	11220 CASTLEMAIN CIR N		
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	JACKSONVILLE, FL 32256		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SETZER, J KEVIN	NAME	ROBYN SANDEEN		
STREET ADDRESS	7785 BAYMEADOWS WAY STE 200	STREET ADDRESS	11246 CASTLEMAIN CIR N		
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	JACKSONVILLE, FL 32256		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCHAEDEL, LINDA S	NAME	PAUL VAN BRUNT		
STREET ADDRESS	7785 BAYMEADOWS WAY STE 200	STREET ADDRESS	11127 FALLGATE PT CT		
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	JACKSONVILLE, FL 32256		
TITLE	<input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	KELLY THOMAS		
STREET ADDRESS		STREET ADDRESS	11155 CASTLEMAIN CIR S		
CITY-ST-ZIP		CITY-ST-ZIP	JACKSONVILLE, FL 32256		
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	NANCY MC WILLIAMS		
STREET ADDRESS		STREET ADDRESS	11182 CASTLEMAIN CIR W		
CITY-ST-ZIP		CITY-ST-ZIP	JACKSONVILLE, FL 32256		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
<b>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.</b>					
SIGNATURE: <u>James A. Simpson Pres.</u>		<u>3/10/05</u>		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	