


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90138 047 ****61.25

DOCUMENT # N03000005650

1. Entity Name
 OXFORD CHASE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 5455 HIGHWAY A1A SOUTH
 ST. AUGUSTINE, FL 32080

Mailing Address
 5455 HIGHWAY A1A SOUTH
 ST. AUGUSTINE, FL 32080



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02232006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 MAY MANAGEMENT SERVICES, INC.
 5455 HIGHWAY A1A SOUTH
 ST. PETERSBURG, FL 32080-3209
 ST. AUGUSTINE

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City ST. AUGUSTINE FL Zip Code 32080

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 *Cynthia H. Oline* DATE 2/28/06
Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	P SIMPSON, JAMES 11220 CASTLEMAIN CIR N JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANDEEN, ROBYN 11246 CASTLEMAIN CIR N JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRUNT, PAUL VAN 11127 FALLGATE PT CT JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, KELLY 11155 CASTLEMAIN CIR S JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCWILLIAMS, NANCY 11182 CASTLEMAIN CIR W JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VIRGINIA RATHJE 11046 CASTLEMAIN CIR E JACK, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Castlemain
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Elle Ringham 11142 CASTLEMAIN CIR S JACK, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Castlemain
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, Kelly 11155 CASTLEMAIN CIR S JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Castlemain
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kelly Thomas* Kelly Thomas Date 3-13-06 904-613-8906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #