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2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90026 008 ****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~~

40059230



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.
11555 Central Parkway #603

Suite, Apt. #, etc.
11555 Central Parkway #603

02122008 Chg-NP CR2E037 (12/06)

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip
32224

Country
USA

Zip
32224

Country

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

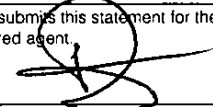
6. Name and Address of Current Registered Agent

MAY MANAGEMENT SERVICES, INC.
5455 HIGHWAY A1A SOUTH
ST. AUGUSTINE, FL 32080-3209

7. Name and Address of New Registered Agent

Name: Ronald Cotterill
Street Address (P.O. Box Number is Not Acceptable): 1010 North Florida Ave.
City: Tampa FL Zip Code: 33602

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: 3-25-08

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

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: S	NAME: RATJRE, VIRGINIA STREET ADDRESS: 11046 E CASTLEMAN CITY-ST-ZIP: JACKSONVILLE, FL 32256
TITLE: VP	NAME: BAKER, BRADFORD STREET ADDRESS: 7489 DEVONDALE WAY CITY-ST-ZIP: JACKSONVILLE, FL 32256
TITLE: T	NAME: VAN BRUNT, PAUL STREET ADDRESS: 1127 FALLGATE POINT DR CITY-ST-ZIP: JACKSONVILLE, FL 32256
TITLE: P	NAME: SIMPSON, JAMES A STREET ADDRESS: 1102 FALLGATE POINT CT. CITY-ST-ZIP: JACKSONVILLE, FL 32256
TITLE: D	NAME: MCWILLIAMS, NANCY STREET ADDRESS: 11182 CASTLEMAIN CIR W CITY-ST-ZIP: JACKSONVILLE, FL 32256
TITLE:	NAME: STREET ADDRESS: CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE:	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VP	NAME: Rongstad, Harold STREET ADDRESS: 11172 Castlemain Circle West CITY-ST-ZIP: Jacksonville, FL 32256
TITLE:	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE:	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE:	NAME: STREET ADDRESS: CITY-ST-ZIP:

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:  DATE: 2/27/08 DAYTIME PHONE #: 904-318-6871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR