

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90027 032 ****61.25

DOCUMENT # N03000007253

1. Entity Name
OXFORD POINTE III AT CROWN COLONY
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
5801 PELICAN BAY BOULEVARD
SUITE 600
NAPLES, FL 34108

Mailing Address
5801 PELICAN BAY BOULEVARD
SUITE 600
NAPLES, FL 34108

50006920



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102005 Chg-NP CR2E037 (10/03)

4. FEI Number
03-0526743

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUEMLER, TIMOTHY J
5801 PELICAN BAY BOULEVARD
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

Signature, typed 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, 2005**

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 PD ☐ Delete
NAME MOSIER, TED
STREET ADDRESS 5801 PELICAN BAY BOULEVARD #600
CITY-ST-ZIP NAPLES, FL 34108

TITLE VD ☐ Delete
NAME GOODNIGHT, JOHN
STREET ADDRESS 5801 PELICAN BAY BOULEVARD #600
CITY-ST-ZIP NAPLES, FL 34108

TITLE STD ☐ Delete
NAME UNSINN, DIANA
STREET ADDRESS 5801 PELICAN BAY BOULEVARD #600
CITY-ST-ZIP NAPLES, FL 34108

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME HALLORAN, DAN
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *Dan Halloran* DAN HALLORAN

1/20/05 239 449 1067
Date Daytime Phone #