


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90036 043 ****61.25

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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

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

40035834



02152006 Chg-NP CR2E037 (11/05)

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input checked="" type="checkbox"/> Delete
NAME	HALLORAN, DAN	
STREET ADDRESS	5801 PELICAN BAY BOULEVARD #600	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GOODNIGHT, JOHN	
STREET ADDRESS	5801 PELICAN BAY BOULEVARD #600	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	UNSINN, DIANA	
STREET ADDRESS	5801 PELICAN BAY BOULEVARD #600	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jerry Jones	
STREET ADDRESS	8625 West Forest Lane #102	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Rudaw	
STREET ADDRESS	8815 West Clearview Drive	
CITY-ST-ZIP	Orlando Park, IL 60462	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donna Kilbrith	
STREET ADDRESS	8830 West Forest Lane #101	
CITY-ST-ZIP	Ft Myers, FL 33908	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Pjetter	
STREET ADDRESS	116311 Crown Arbor Way #101	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Donna Kilbrith Donna Kilbrith 2/28/06 239-489-0751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #