


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90072 023 \*\*\*\*61.25

<b>DOCUMENT # N03000007253</b>	
1. Entity Name OXFORD POINTE III AT CROWN COLONY CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 27499 RIVERVIEW CENTER BLVD, SUITE 134 BONITA SPRINGS, FL 34134	Mailing Address 27499 RIVERVIEW CENTER BLVD, SUITE 134 BONITA SPRINGS, FL 34134
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2. Principal Place of Business - No P.O. Box # <i>OMNI MANAGEMENT SERVICES</i> Suite, Apt. #, etc. <i>4138 N KEYSTONE AVE</i>	3. Mailing Address <i>OMNI MANAGEMENT SERVICES</i> Suite, Apt. #, etc. <i>4138 N KEYSTONE AVE</i>
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02082007 Chg-NP CR2E037 (12/06)

City & State <i>INDIANAPOLIS IN</i>	City & State <i>INDIANAPOLIS IN</i>	4. FEI Number 03-0526743	Applied For <input type="checkbox"/> Not Applicable
Zip <i>46205</i>	Country	Zip <i>46205</i>	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

OMNI MANAGEMENT SERVICES OF FLORIDA, INC.  
 27499 RIVERVIEW CENTER BLVD  
 SUITE 134  
 BONITA SPRINGS, FL 34134

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 *Jim Jelle* 2-8-07  
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, 2007**

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	PD JONES, JERRY 8825 W. FOREST LANE #102 FORT MYERS, FL 33908 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUDOW, ROBERT 8815 W. CLEARVIEW DR ORLAND PARK, IL 60462 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KILBRITH, DONNA 8830 W. FOREST LN. #101 FORT MYERS, FL 33908 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUETTER, PETER 16311 CROWN ARBOR WAY #101 FORT MYERS, FL 33908 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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 officers like empowered.

SIGNATURE: *Jim Jelle* 2-8-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #