

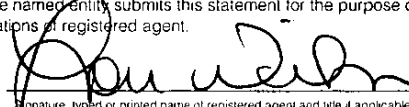
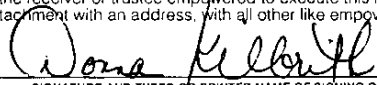


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000007253 1. Entity Name OXFORD POINTE III AT CROWN COLONY CONDOMINIUM ASSOCIATION, INC.				FILED 07 SEP 12 AM 8:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business OMNI MANAGEMENT SERVICES 4138 N. KEYSTONE AVE. INDIANAPOLIS, IN 46205		Mailing Address OMNI MANAGEMENT SERVICES 4138 N. KEYSTONE AVE. INDIANAPOLIS, IN 46205			
2. Principal Place of Business (No P.O. Box #) C/O Myers Brethholtz & Co 12677 Whitehall Dr Ft. Myers, FL 33907 USA		3. Mailing Address C/O Myers Brethholtz & Co 12677 Whitehall Dr Ft. Myers, FL 33907 USA		08062007 Chg-NP CR2E037 (12/06)	
4. FEI Number 03-0526743		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
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 Myers Brethholtz & Co 12677 Whitehall Dr Ft. Myers, FL 33907			
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: 8/27/07			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
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	SD Sharon Mermoli 16294 Crown Arbor Way #202 Ft. Myers, FL 33908
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	TD Donna Kilbrith 8830 W. Forest LN #101 Ft. Myers, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KILBRITH, DONNA 8830 W. FOREST LN. #101 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donald O'Brien 16296 Crown Arbor Way #101 Ft. Myers FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUETTER, PETER 16311 CROWN ARBOR WAY #101 FORT MYERS, FL 33908	<input checked="" type="checkbox"/> Delete		500109595019 09/18/07--01068--008 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$79/13	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$79/13	<input type="checkbox"/> Delete		<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: 		Date: 9-7-07		Daytime Phone: 239-489-0751	