2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04939

FILED Apr 12, 2009 Secretary of State

Entity Name: OXFORD TRAINING CENTER PROPERTY OWNERS ASSOCIATION, INC

Entity Nai	me: OXFOR	RD TRAINING CENTER PROP	ERTY OWNERS ASSOCIATION,	INC.	
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
13118 CR OXFORD,	245 E FL 34484	US			
Current Mailing Address:			New Mailing Address:		
13118 CR OXFORD,	245 E FL 34484	US			
FEI Number:	: 59-2513874	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
4800 NOR	ANKS, LAWF TH FEDERA TON, FL 33	AL HIGHWAY, SUITE #101-E			
	named entit e of Florida.	ty submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electr	onic Signature of Registered A	gent	Date	
OFFICERS	S AND DIRE	ECTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PATTERSON 13392 NW 1		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD SILVA, CLAF 13118 CO. F OXFORD, FI	RD. 245E	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SD SILVA, KARE	() Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN SILVA SD 04/12/2009