


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000001454 1. Entity Name OXFORD POINTE IV AT CROWN COLONY CONDOMINIUM ASSOCIATION, INC.						SEAL OF THE STATE OF FLORIDA DIVISION OF REVENUE 06 OCT 10 PM 3:44			
Principal Place of Business 5801 PELICAN BAY BLVD STE 600 NAPLES, FL 34108				Mailing Address 5801 PELICAN BAY BLVD STE 600 NAPLES, FL 34108					
2. Principal Place of Business <i>Park Avenue</i> Suite, Apt. #, etc. <i>10961 Bonita Beach Rd</i> City & State <i>Bonita Springs FL</i> Zip <i>34135</i> Country <i>USA</i>				3. Mailing Address <i>10961 Bonita Beach</i> Suite, Apt. #, etc. City & State <i>Bonita Springs FL</i> Zip <i>34135</i> Country <i>USA</i>					
6. Name and Address of Current Registered Agent MCLEOD, MICHAEL S 5801 PELICAN BAY BLVD STE 600 NAPLES, FL 34108				7. Name and Address of New Registered Agent Name <i>JACK ERICKSON</i> Street Address (P.O. Box Number is Not Acceptable) <i>10961 Bonita Beach Rd.</i> City <i>Bonita Springs</i> FL Zip Code <i>34135</i>					
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 <i>JACK ERICKSON</i> <i>Jack Erickson</i> DATE <i>9/15/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
Amended AR is \$61.25				9. Election Campaign Financing Trust/Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	DP HALLORAN, DAN	5801 PELICAN BAY BLVD STE 600	NAPLES, FL 34108	<input checked="" type="checkbox"/>		DP Carl Fazio	16580 Crownsbury Way #107	Ft Myers, FL 33908	<input type="checkbox"/>
	DV OLDING, SCOTT	5801 PELICAN BAY BLVD STE 600	NAPLES, FL 34108	<input checked="" type="checkbox"/>		DS Kenneth Cohen	16590 Crownsbury Way #202	Ft Myers, FL 33908	<input type="checkbox"/>
	DST UNSINN, DIANA	5801 PELICAN BAY BLVD STE 600	NAPLES, FL 34108	<input checked="" type="checkbox"/>		MGR. JACK ERICKSON	10961 Bonita Beach Rd	Bonita Springs, FL 34135	<input type="checkbox"/>
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Jack Erickson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/06
Date

239-333-2006
Daytime Phone #