

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000005496

**FILED**  
**Mar 15, 2007**  
**Secretary of State**

**Entity Name:** OXFORD TERRACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5290 HIATUS RD  
SUNRISE, FL 33351

**New Principal Place of Business:**

835 SW 9TH ST  
GAINESVILLE, FL 32601

**Current Mailing Address:**

5290 HIATUS RD  
SUNRISE, FL 33351

**New Mailing Address:**

C/O ACTION REAL ESTATE SERVICES  
6110-B NW 1ST PL  
GAINESVILLE, FL 32607

**FEI Number:** 20-3164716

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EISINGER, DENNIS J  
4000 HOLLYWOOD BLVD SUITE 265 S  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

SAUSAMAN, JEFFREY  
C/O ACTION REAL ESTATE SERVICES  
6110-B NW 1ST PL  
GAINESVILLE, FL 32607 US

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.

SIGNATURE: D. JEFFREY SAUSAMAN

03/15/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: AKRA, JOSEPH R  
Address: 5290 HIATUS RD  
City-St-Zip: SUNRISE, FL 33351

Title: VD ( ) Delete  
Name: EISINGER, DENNIS J  
Address: 4000 HOLLYWOOD BLVD SUITE 265-S  
City-St-Zip: HOLLYWOOD, FL 33021

Title: STD ( ) Delete  
Name: DAVIS, JAMES R  
Address: 5290 HIATUS RD  
City-St-Zip: SUNRISE, FL 33351

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: THEOBALD, MICHAEL  
Address: 1215 WYOMING AVE  
City-St-Zip: LYNN HAVEN, FL 32446

Title: VD (X) Change ( ) Addition  
Name: SCHRIM, JOY  
Address: 791 SUWANNEE CT. NE  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: STD (X) Change ( ) Addition  
Name: SHAH, SHREYA  
Address: 835 SW 9TH ST. #305  
City-St-Zip: GAINESVILLE, FL 32601

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL THEOBALD

P

03/15/2007

Electronic Signature of Signing Officer or Director

Date