

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005496

FILED
Mar 19, 2008
Secretary of State

Entity Name: OXFORD TERRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

835 SW 9TH ST
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-3164716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: SD (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 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

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03/19/2008

Electronic Signature of Signing Officer or Director

Date