
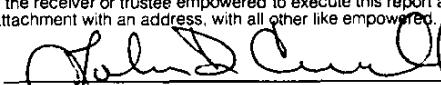


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90065 038 \*\*\*\*61.25

<b>DOCUMENT # N05000009244</b> 1. Entity Name <b>OXFORD MANOR HOMEOWNERS ASSOCIATION, INC.</b>		
Principal Place of Business <b>2045 SAN MARCOS DR                  WINTER HAVEN, FL 33880</b>		Mailing Address <b>2045 SAN MARCOS DR                  WINTER HAVEN, FL 33880</b>
2. Principal Place of Business - No P.O. Box # <b>5357 Oxford Manor Circle</b>	3. Mailing Address <b>P.O. Box 044</b>	
Suite, Apt. #, etc. <b>Circle</b>	Suite, Apt. #, etc.	
City & State <b>Lakeland, FL</b>	City & State <b>Kathleen, FL</b>	
Zip <b>33810</b>	Country <b>USA</b>	Zip <b>33849</b>
Country <b>USA</b>	Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>TENAGLIA, RICHARD A                  C/O CREATIVE ASSOCIATION SERV., INC.                  2045 SAN MARCOS DR                  WINTER HAVEN, FL 33880</b>		7. Name and Address of New Registered Agent Name <b>N/A</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b>   Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25                  Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>Make check payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>
TITLE PD <input checked="" type="checkbox"/> Delete NAME ADAMS, D. JOEL STREET ADDRESS 3020 S. FLORIDA AVE. CITY-ST-ZIP LAKELAND, FL 33803	TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME David Parker STREET ADDRESS 321 Tessier Dr. CITY-ST-ZIP St. Petersburg Beach, FL 33706	
TITLE VD <input checked="" type="checkbox"/> Delete NAME ADAMS, ROBERT J STREET ADDRESS 3020 S. FLORIDA AVE. CITY-ST-ZIP LAKELAND, FL 33803	TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME John Connell STREET ADDRESS 5357 Oxford Manor Cir. CITY-ST-ZIP Lakeland, FL 33810	
TITLE STD <input checked="" type="checkbox"/> Delete NAME LINDSEY, GEORGE M III STREET ADDRESS 3020 S. FLORIDA AVE. CITY-ST-ZIP LAKELAND, FL 33803	TITLE Sec/Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Bill Bornemann STREET ADDRESS 4230 14th St. NE CITY-ST-ZIP St. Petersburg, FL 33703	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Michael Robinson STREET ADDRESS 5401 Oxford Manor Cir. CITY-ST-ZIP Lakeland, FL 33810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME David Dallis STREET ADDRESS 3419 Oxford Manor Cir. CITY-ST-ZIP Lakeland, FL 33810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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.		
<b>SIGNATURE:</b> 		Date <b>John Connell, VP, 3-20-07</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <b>(863) 228-3085</b>