

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90099 027 \*\*\*\*61.25



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<b>DOCUMENT # N07692</b>				1. Entity Name <b>OXFORD CONDOMINIUM ASSOCIATION, INC.</b>	
Principal Place of Business <b>1117 CULBREATH ISLES DR. TAMPA, FL 33629</b>			Mailing Address <b>1117 CULBREATH ISLES DR. TAMPA, FL 33629</b>		
2. Principal Place of Business <b>601 S. Albany Ave.</b>		3. Mailing Address <b>601 S. Albany Ave.</b>		01162006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc. <b>Unit 7</b>		Suite, Apt. #, etc. <b>Unit 7</b>		4. FEI Number <b>59-2531022</b>	
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>		Applied For Not Applicable	
Zip <b>33606</b>	Country <b>USA</b>	Zip <b>33606</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MASON, ROGER D II 100 N. TAMPA STREET SUITE 3500 TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			Zip Code		
FL					
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  as Registered Agent <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	WILLIAMS, SHIRLEY		NAME	Roger D. Mason, II	
STREET ADDRESS	5401 SWEETWATER TERR		STREET ADDRESS	601 S. Albany Ave., Unit 7	
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP	Tampa, FL 33606	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	PUPELLO, FRANK		NAME	Michael J. Swenson	
STREET ADDRESS	1117 CULBREATH ISLES DR		STREET ADDRESS	8001 N. Dale Mabry, Suite 401 B	
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP	Tampa, FL 33614	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	PUPELLO, MICHAEL D.		NAME	Thayne W. Swenson, III	
STREET ADDRESS	3321 MORAN RD		STREET ADDRESS	8001 N. Dale Mabry, Suite 401 B	
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP	Tampa FL 33614	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: