

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90066 005 ****61.25

DOCUMENT # N07692					
1. Entity Name OXFORD CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 601 S ALBANY AVE UNIT 7 TAMPA, FL 33606			Mailing Address 601 S ALBANY AVE UNIT 7 TAMPA, FL 33606		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2231 Oceanwalk Dr. W			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Atlantic Beach		4. FEI Number 59-2531022	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33233		Country Duval		6. Name and Address of Current Registered Agent MASON, ROGER D II 100 N. TAMPA STREET SUITE 3500 TAMPA, FL 33602	
7. Name and Address of New Registered Agent					
Name Kendra K. Schwiesow Street Address (P.O. Box Number is Not Acceptable) 2231 Oceanwalk Dr. W. City Atlantic Beach FL Zip Code 33233					
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 <u>Kendra K. Schwiesow</u> President 1/10/08 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASON, ROGER D II 601 ALBANY AVE UNIT 7 TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kendra K. Schwiesow 2231 Oceanwalk Dr. W Atlantic Beach, FL 33233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SWENSON, MICHAEL J 8001 N DULE MUBRY STE 401 B TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Roger D. Mason 601 S. Albany Ave Unit 7 Tampa, FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SWENSON, THAYNE W III 8001 N DALE MABRY STE 401B TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Colleen Klein 601 S. Albany Ave Unit 5 Tampa, FL 33606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Kendra K. Schwiesow</u> 2/8/08 404-431-6006 <small>(Signature and typed or printed name of signing officer or director Date Daytime Phone #)</small>					