

# 2006 NOT-FOR-PROFIT-CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90054 001 \*\*\*\*61.25

**DOCUMENT # N17184**

1. Entity Name

OXFORD OAKS ASSOCIATION, INC.



Principal Place of Business

P O BOX 57473  
JACKSONVILLE FL 32241  
US

Mailing Address

P O BOX 57473  
JACKSONVILLE FL 32241  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

Zip

Country

Zip

Country

4. FEI Number

59-2880309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEAN, MICHAEL L  
4129 GRENSHAW COURT  
JACKSONVILLE FL 32257

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME DEAN, MICHAEL L  
STREET ADDRESS 4149 GRENSHAW COURT  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE D ☐ Change ☒ Addition  
NAME MIKE HOPE  
STREET ADDRESS 4150 CASTLEBAY Dr.  
CITY-ST-ZIP JKSV, FL 32257

TITLE T ☐ Delete  
NAME BISSETTE, MACK  
STREET ADDRESS 4124 GRENSHAW COURT  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE D ☐ Change ☒ Addition  
NAME YVONNE STARR  
STREET ADDRESS 4126 CRANSLEY  
CITY-ST-ZIP JKSV, FL 32257

TITLE VP ☒ Delete  
NAME YOST, MICHAEL  
STREET ADDRESS 4132 GRENSHAW COURT  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE D ☐ Change ☒ Addition  
NAME STEVE DAVIS  
STREET ADDRESS 4156 GRENSHAW Ct.  
CITY-ST-ZIP JKSV, FL 32257

TITLE S ☐ Delete  
NAME BULL, BRYCE  
STREET ADDRESS 4123 HOLLISTER PLACE  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE B ☐ Change ☒ Addition  
NAME BETSY DONNELLEY  
STREET ADDRESS 9703 BAYOU BLUFF Dr.  
CITY-ST-ZIP JKSV, FL 32257

TITLE D ☒ Delete  
NAME PECK, MARY  
STREET ADDRESS 4147 HOLLISTER PLACE  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CLARK, JOHN  
STREET ADDRESS 4118 CRANSLEY PLACE  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Change ☐ Addition  
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 Section 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: *Mack Bissette* MACK BISSETTE

2-7-06 904-260-7036