2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17184

FILED Apr 23, 2007 Secretary of State

Entity Name: OXFORD OAKS ASSOCIATION, INC.

Current Principal Place of Business:					New Principal Place of Business:				
P O BOX 57473 JACKSONVILLE, FL 32241 US					4149 GRENSHAW CT. JACKSONVILLE, FL 32257 US				
Current Mailing Address:					New Mailing Address:				
P O BOX 5 JACKSON	7473 VILLE, FL 3224	I1 US							
FEI Number:	59-2880309	FEI Number App	lied For()	FEI Numb	oer Not Appli	cable ()	Certificat	e of Status D	esired ()
Name and	Address of Cu	ırrent Register	ed Agent:	I	Name and	Address o	f New Regi	stered Age	ent:
	CHAEL L NSHAW COUR VILLE, FL 3225								
	named entity su of Florida.	ubmits this state	ment for the p	urpose of	changing it	s registered	l office or re	gistered ag	ent, or both,
SIGNATUR	RE:								
	Electronic	c Signature of R	egistered Age	nt				Date	
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD () [DEAN, MICHAEL 4149 GRENSHAN JACKSONVILLE,	W COURT		1	Fitle: Name: Address: City-St-Zip:		()Change() Addition	
Title: Name: Address: City-St-Zip:	T () [BISSETTE, MAC 4124 GRENSHAN JACKSONVILLE,	W COURT		1	Fitle: Name: Address: City-St-Zip:	SNIPES, KAI 4117 GRENS		•	
Title: Name: Address: City-St-Zip:	D () I HOPE, MIKE 4150 CASTLEBA JACKSONVILLE,			1 4	Fitle: Name: Address: City-St-Zip:	VP FINNERAN, I 4125 GRENS JACKSONVI		•	
Title: Name: Address: City-St-Zip:	S () [BULL, BRYCE 4123 HOLLISTEI JACKSONVILLE,			1 4	Fitle: Name: Address: City-St-Zip:	YOST, MARI 4132 GRENS		•	
Title: Name: Address: City-St-Zip:	D () I STARR, YVONNE 4126 CRANSLEY JACKSONVILLE,	<i>(</i>		1	Fitle: Name: Address: City-St-Zip:	D BISSETTE, N 4124 GRENS JACKSONVI			
Title: Name: Address: City-St-Zip:	D ()[CLARK, JOHN 4118 CRANSLEY JACKSONVILLE,			1 4	Fitle: Name: Address: City-St-Zip:		() Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN SNIPES T 04/23/2007