

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17184

FILED  
Apr 28, 2011  
Secretary of State

Entity Name: OXFORD OAKS ASSOCIATION, INC.

**Current Principal Place of Business:**

9673 BAYOU BLUFF DR.  
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

4118 CRANSLEY PLACE  
JACKSONVILLE, FL 32257 US

**Current Mailing Address:**

P O BOX 57473  
JACKSONVILLE, FL 32241 US

**New Mailing Address:**

FEI Number: 59-2880309

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

REEVES, WILLIAM  
9673 BAYOU BLUFF DR.  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

CLARK, JOHN  
4118 CRANSLEY PLACE  
JACKSONVILLE, FL 32257 US

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.

SIGNATURE: JOHN CLARK

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CLARK, JOHN  
Address: 4118 CRANSLEY PLACE  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: D  
Name: WARE, DOUG  
Address: 9655 BAYOU BLUFF  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: S  
Name: FINNERAN, DEANNE  
Address: 4125 GRENSHAW CT  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: T  
Name: SNIPES, KAREN V  
Address: 4117 GRENSHAW CT  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: D  
Name: FORTUNATO, MICHAEL  
Address: 9697 BAYOU BLUFF DR  
City-St-Zip: JACKSONVILLE, FL 32257

I hereby 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 all other like empowered.

SIGNATURE: KAREN V SNIPES

TRES

04/28/2011

Electronic Signature of Signing Officer or Director

Date