

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N28146

1. Entity Name

OXFORD ESTATES OF BOCA RATON HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business

8200 HAMPTON WOOD DR.
BOCA RATON FL 33433
US

Mailing Address

10191 W SAMPLE RD
#203
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number
65-0161546

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

CALDOREZZO, JAMES
10191 W SAMPLE RD
STE 203
CORAL SPRINGS FL 33065

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, 2004

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
NAME
STREET ADDRESS
CITY - ST - ZIP
GICCA, FRANK
8200 HAMPTON WOOD DR
BOCA RATON FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
U00000080770
03/08/04-80122-016 61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
FISHER, ALME
8271 HAMPTON WOOD DR
BOCA RATON FL 33433 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
TUCKER, KEN
8240 HAMPTON WOOD DR
BOCA RATON FL 33433 ☐ Delete

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

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Gicca
Frank Gicca

3-1-04

561-5424211

Date

Daytime Phone #