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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90010 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N36239					
1. Corporation Name OXFORD COVE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O DAVID FONG 3942 COOL WATER COURT WINTER PARK FL 32792 US			Mailing Address C/O DAVID FONG 3942 COOL WATER COURT WINTER PARK FL 32792 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 01/17/1990	
				4. FEI Number 59-2988227	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent FONG, DAVID 3942 COOL WATER COURT WINTER PARK FL 32792				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	☐ DELETE		1.1 TITLE	DV	☐ Change ☒ Addition	
NAME	WILLIAMS, TED R.			1.2 NAME	BENJAMIN SHEN		
STREET ADDRESS	3949 COOL WATER CT.			1.3 STREET ADDRESS	3918 COOL WATER CT		
CITY-ST-ZIP	WINTER PARK FL			1.4 CITY-ST-ZIP	WP FL 32792		
TITLE	DV	☒ DELETE		2.1 TITLE		☐ Change ☐ Addition	
NAME	FEARN, ARTHUR J			2.2 NAME			
STREET ADDRESS	3912 COOL WATER COURT			2.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL			2.4 CITY-ST-ZIP			
TITLE	DV	☐ DELETE		3.1 TITLE		☐ Change ☐ Addition	
NAME	FONG, DAVID			3.2 NAME			
STREET ADDRESS	3942 COOL WATER COURT			3.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE		☐ Change ☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID FONG

Date

Daytime Phone #

1/29/99 407 398-1557

CR2E037 (11/98)