

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

07-21-2004 90020 031 ****61.25

DOCUMENT # N36239	
1. Entity Name OXFORD COVE HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 3949 COOL WATER CT WINTER PARK, FL 32792 US	Mailing Address 3949 COOL WATER CT WINTER PARK, FL 32792 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



07122004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent	
WILLIAMS, TED 3949 COOL WATER CT WINTER PARK, FL 32792	

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 Angela Cha DATE 7/14/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 : Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, TED 3949 COOL WATER CT WINTER PARK, FL 32792 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vinson, Thomas 3912 Cool Water Ct Winter Park, FL 32792 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHAN, ANGELA 3906 COOL WATER CT WINTER PARK, FL 32792 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VU, JOHN 3936 COOL WATER COURT WINTER PARK, FL 32792 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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: Thomas M. Vinson DATE July 14, 04 DAYTIME PHONE # 404-599-1063
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR