
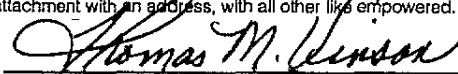


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2005 08:00 AM
Secretary of State

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
DO NOT WRITE IN THIS SPACE		
		07182005 No Chg-NP CR2E037 (10/03)
		4. FEI Number 59-2988227
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WILLIAMS, TED 3949 COOL WATER CT WINTER PARK, FL 32792		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VINSON, THOMAS 3912 COOL WATER CT WINTER PARK, FL 32792	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHAN, ANGELA 3906 COOL WATER CT WINTER PARK, FL 32792	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VU, JOHN 3936 COOL WATER COURT WINTER PARK, FL 32792	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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		July 18, 2005 407-865-1111 Date Daytime Phone #