

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37356

FILED
Mar 04, 2005
Secretary of State

Entity Name: OXFORD PARK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3046429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
% SENTRY MANAGEMENT INC
2180 WEST STATE ROAD 434, SUITE 5000
LONGWOOD, FL 327995044 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HANSEN, LEE
Address: 10921 DEARDEN CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: VPD () Delete
Name: DIXON, VERN
Address: 10705 OAK GLEN CIR
City-St-Zip: ORLANDO, FL 32817

Title: SD () Delete
Name: MACHOCK, SUE
Address: 10948 DEARDEN CIR
City-St-Zip: ORLANDO, FL 32817

Title: TD () Delete
Name: SANZA, DONNA
Address: 10805 OAK GLEN CIR
City-St-Zip: ORLANDO, FL 32817

Title: D (X) Delete
Name: KNORR, CHRIS
Address: 10963 DEARDEN CIR
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KNORR, CHRIS
Address: 10963 DEARDEN CIRCLE
City-St-Zip: ORLANDO, FL 32817

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CHRIS KNORR

PD

03/04/2005

Electronic Signature of Signing Officer or Director

Date