

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N94000003911

1. Entity Name
OXFORD I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
STERLING MANAGEMENT INC
1701-B RICKENBACKER DRIVE
SUN CITY CENTER, FL 33573

Mailing Address
STERLING MANAGEMENT INC
1701-B RICKENBACKER DRIVE
SUN CITY CENTER, FL 33573

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

02022006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3294487

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

DEFURIO, JAMES R ESQUIRE
201 E. KENNEDY BLVD STE 1460
TAMPA, FL 33602

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

**Filing Fee is \$61.25.
Due by May 1, 2006**

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 PD Delete
NAME DAVIS, RICHARD
STREET ADDRESS 909 OXFORD PARK DRIVE
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE PD Change Addition
NAME Mackey, Donald
STREET ADDRESS 1006 McDaniel St.
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE SD Delete
NAME DRAMEIN, JEAN
STREET ADDRESS 1028 MCDANIEL ST
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE VPD Change Addition
NAME Boussie, Patricia
STREET ADDRESS 1012 McDaniel St.
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE TD Delete
NAME SCHULTES, LOUIS
STREET ADDRESS 2331 OLIVE BRANCH DR.
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE D Change Addition
NAME Boal, Reinhold
STREET ADDRESS 909 Oxford Park Dr.
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE D Delete
NAME KELLY, PAUL
STREET ADDRESS 915 OXFORD PARK DR.
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE D Change Addition
NAME Whildin, Fred
STREET ADDRESS 917 Oxford Park Dr.
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE VPD Delete
NAME MACKEY, DONALD
STREET ADDRESS 2321 OLIVEBRANCH DR
CITY-ST-ZIP SUN CITY CENTER, FL 33573

Change Addition

TITLE D Delete
NAME HOSKING, CHARLOTTE
STREET ADDRESS 2229 OLIVERBRANCH DR
CITY-ST-ZIP SUN CITY CENTER, FL 33573

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Donald D. Mackey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/13/06