



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90319 038 ****61.25

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.		02022006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-3294487	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME DAVIS, RICHARD STREET ADDRESS 909 OXFORD PARK DRIVE CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete		TITLE PD Mackey, Donald NAME 1006 McDaniel St. STREET ADDRESS Sun City Center, FL 33573 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME DRAMEIN, JEAN STREET ADDRESS 1028 MCDANIEL ST CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete		TITLE VPD NAME Boussie, Patricia STREET ADDRESS 1012 McDaniel St. CITY-ST-ZIP Sun City Center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME SCHULTES, LOUIS STREET ADDRESS 2331 OLIVE BRANCH DR. CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete		TITLE D NAME Boal, Reinhold STREET ADDRESS 909 Oxford Park Dr. CITY-ST-ZIP Sun City Center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME KELLY, PAUL STREET ADDRESS 915 OXFORD PARK DR CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input type="checkbox"/> Delete		TITLE D NAME Whildin, Fred STREET ADDRESS 917 Oxford Park Dr. CITY-ST-ZIP Sun City Center, FL 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME MACKEY, DONALD STREET ADDRESS 2321 OLIVEBRANCH DR CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HOSKING, CHARLOTTE STREET ADDRESS 2229 OLIVERBRANCH DR CITY-ST-ZIP SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 or without other like empowered.					
SIGNATURE: <i>Donald L. Mackey</i>			3/13/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		