

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90079 031 ****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 - No P.O. Box #		3. Mailing Address	
Su Sterling Management Cit 1904 Clubhouse Drive Zip Sun City Center, FL 33573		It. #, etc. City Country	
4. FEI Number 59-3294487		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEFURIO, JAMES R ESQUIRE 201 E. KENNEDY BLVD STE 1460 TAMPA, FL 33602		7. Name and Address of New Registered Agent 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, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD MACKAY, DONALD 1006 MCDANIEL ST SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURRAY, ELIZABETH 920 MCDANIEL ST. SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRAHEIN, JEAN 1028 MCDANIEL ST SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAAL, REINHOLD 909 OXFORD PARK SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHULTES, LOUIS 2331 OLIVE BRANCH DR. SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANAHAN, BARBARA 2227 OLIVE BRANCH SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOUSSIE, PATRICIA 1012 MCDANIEL ST SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWIFT, WILLIAM 2402 OXFORD DOWN CT. SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOAL, REINHOLD 909 OXFORD PARK DR SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: <i>Louis C. Schultes</i> TREASURER		Date 3/11/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	