

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90319 037 ****61.25

DOCUMENT # N96000004710

1. Entity Name
OXFORD II 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**

400/1600



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3431181

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**DE FURIO, JAMES R
2101 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
NAME BROWN, RICHARD ☒ Delete
STREET ADDRESS 1124 MC DANIEL ST
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE VPD
NAME COHEN, ROBERT ☒ Delete
STREET ADDRESS 1120 MCDANIEL ST
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE SD
NAME BRAMEL-ABBOTT, MARY ☐ Delete
STREET ADDRESS 1127 MCDANIEL ST
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE TD
NAME CONNELL, ANNA ☒ Delete
STREET ADDRESS 2221 OLIVEBRANCH DR
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE D
NAME LAFFERTY, DAN ☒ Delete
STREET ADDRESS 1116 MCDANIEL ST
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME McNamee, Don ☐ Change ☒ Addition
STREET ADDRESS 1130 MCDANIEL ST
CITY-ST-ZIP Sun City Center, FL 33573

TITLE VPD
NAME Lafferty, Dan ☐ Change ☒ Addition
STREET ADDRESS 1116 MCDANIEL ST
CITY-ST-ZIP Sun City Center, FL 33573

TITLE TD
NAME Christian, Bruce ☐ Change ☒ Addition
STREET ADDRESS 1134 MCDANIEL ST
CITY-ST-ZIP Sun City Center, FL 33573

TITLE D
NAME Cohen, Robert ☐ Change ☒ Addition
STREET ADDRESS 1120 MCDANIEL ST
CITY-ST-ZIP Sun City Center, FL 33573

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Paul H. Christian, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/2006

Date

Daytime Phone #

813 642 8990