


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-29-2008 90079 032 \*\*\*\*61.25

|  |   |   |  |
|--|---|---|--|
| <b>DOCUMENT # N96000004710</b><br>1. Entity Name<br>OXFORD II CONDOMINIUM ASSOCIATION, INC.  |   |    |  |
| Principal Place of Business<br>STERLING MANAGEMENT INC<br>1701-B RICKENBACKER DRIVE<br>SUN CITY CENTER, FL 33573   |   | Mailing Address<br>STERLING MANAGEMENT INC<br>1701-B RICKENBACKER DRIVE<br>SUN CITY CENTER, FL 33573                          |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |  |
| St Sterling Management<br>Co 1904 Clubhouse Drive<br>Zi Sun City Center, FL 33573  |   | l. #, etc.<br>City<br>Country   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required   |   | 4. FEI Number 59-3431181<br>Applied For <input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br>DE FURIO, JAMES R<br>2101 E KENNEDY BLVD STE 1460<br>TAMPA, FL 33602  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |  |
| <b>Filing Fee Is \$61.25 Due by May 1, 2008</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                  |  |
| <b>Make check payable to Florida Department of State</b>   |   | 10. OFFICERS AND DIRECTORS  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>MCNAMEE, DON<br>1130 MCDANIEL ST<br>SUN CITY CENTER, FL 33573     | <input checked="" type="checkbox"/> Delete  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>ABBOTT, RAYMOND<br>1127 MCDANIEL ST.<br>SUN CITY CENTER, FL 33573 | <input checked="" type="checkbox"/> Delete  | PD Raymond Abbott<br>1127 Mcdaniel St.<br>Sun City Center FL 33572           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>RABY, PIERRE<br>1128 MCDANIEL ST<br>SUN CITY CENTER, FL 33573      | <input checked="" type="checkbox"/> Delete  | SD Mary O'Reilly<br>1124 Mcdaniel St.<br>Sun City Center FL 33573            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>CHRISTIAN, BRUCE<br>1134 MCDANIEL ST<br>SUN CITY CENTER, FL 33573 | <input checked="" type="checkbox"/> Delete  | P. Dan Lafferty<br>1116 Mcdaniel St.<br>Sun City Center FL 33573             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>DICK NABAK<br>1134 Mcdaniel St.<br>Sun City Center FL 33573       | <input type="checkbox"/> Delete   | VD. Pierre Raby<br>1128 Mcdaniel St.<br>Sun City Center FL 33573             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                          | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input checked="" 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 all other like empowered. |   |   |  |
| SIGNATURE: <u>Raymond Abbott</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Pres 3/12/08<br>Date Daytime Phone #  |  |