

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90221 049 \*\*\*\*61.25

<b>DOCUMENT # N98000006749</b> 1. Entity Name OXFORD VILLAGE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business C/O SOUTHWEST PROPERTY MGMT 1044 CASTELLO DR #206 NAPLES, FL 34103		Mailing Address 1044 CASTELLO DR STE 206 NAPLES, FL 34103	
2. Principal Place of Business <i>Anchor Associates, Inc</i> Suite, Apt. #, etc. <i>3940 Radio Rd #111</i> City & State <i>Naples, FL</i> Zip <i>34104</i>		3. Mailing Address <i>3940 Radio Rd #111</i> Suite, Apt. #, etc. City & State <i>Naples, FL</i> Zip <i>34104</i>	
4. FEI Number 58-2430178		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 C/O SOUTHWEST PROPERTY MGT 1044 CASTELLO DRIVE 206 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name <i>c/o Anchor Associates, Inc</i> Street Address (P.O. Box Number is Not Acceptable) <i>3940 Radio Rd</i> City <i>Naples</i>	
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 <i>Shirley Hingson</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <i>4-30-06</i>	
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 NAME STREET ADDRESS CITY-ST-ZIP	STD KRUM, DELORES 341 HARVARD CT. NAPLES, FL 34104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERRINGER, LEONARD 380 HARVARD COURT NAPLES, FL 34104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TROWBRIDGE, DENNIS 366 HARVARD LANE NAPLES, FL 34104	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 all other like empowered.			
SIGNATURE: <i>Shirley Hingson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>4-30-06</i>	
Daytime Phone # <i>239-649-6357</i>		<i>x203</i>	