

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04655** (7)
1. Corporation Name
OXFORD RESIDENTIAL PROPERTIES I CORPORATION



Principal Place of Business

7200 WISCONSIN AVE.
SUITE 1100
BETHESDA MD 20814
US

Mailing Address

7200 WISCONSIN AVE.
SUITE 1100
BETHESDA MD 20814
US

3. Date Incorporated or Qualified
01/14/1985

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

52-1322916

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	ZICKLER, LEO E.	
STREET ADDRESS	7200 WISCONSIN AVE., STE. 1100	
CITY- ST- ZIP	BETHESDA MD	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	WILLARD, KENNETH C.	
STREET ADDRESS	7200 WISCONSIN AVE., STE. 1100	
CITY- ST- ZIP	BETHESDA MD	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ABRAMS, MARC B.	
STREET ADDRESS	7200 WISCONSIN AVE., STE. 1100	
CITY- ST- ZIP	BETHESDA MD	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EWERS, MARYANN	
STREET ADDRESS	7200 WISCONSIN AVE., STE. 1100	
CITY- ST- ZIP	BETHESDA MD	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LAVIN, FRANCIS P.	
STREET ADDRESS	7200 WISCONSIN AVE., STE. 1100	
CITY- ST- ZIP	BETHESDA MD	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	KALLAN, STEVEN L.	
STREET ADDRESS	7200 WISCONSIN AVE., STE. 1100	
CITY- ST- ZIP	BETHESDA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maryann Ewers* **MARYANN EWERS** 2-1-96 (301) 961-3528
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)