

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000007281

**FILED**  
**Feb 07, 2024**  
**Secretary of State**  
**0360340051CC**

**Entity Name:** THE OWNER'S ASSOCIATION OF OXFORD ESTATES, INC.

**Current Principal Place of Business:**

11555 CENTRAL PARKWAY  
SUITE 801  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

11555 CENTRAL PARKWAY  
SUITE 801  
JACKSONVILLE, FL 32224 US

**FEI Number:** 47-2348314

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FIRST COAST ASSOC. MANAGEMENT  
11555 CENTRAL PARKWAY  
SUITE 801  
JACKSONVILLE, FL 32224 US

*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.*

**SIGNATURE:** SHEREE S. WILLIAMS, CFO

02/07/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GOLON, WAYNE  
Address        11555 CENTRAL PARKWAY  
                 SUITE 801  
City-State-Zip: JACKSONVILLE FL 32224

Title            VP  
Name            BULLEN, KATIE  
Address        11555 CENTRAL PARKWAY  
                 SUITE 801  
City-State-Zip: JACKSONVILLE FL 32224

Title            SECRETARY  
Name            EADEH, JAIME  
Address        11555 CENTRAL PARKWAY  
                 SUITE 801  
City-State-Zip: JACKSONVILLE FL 32224

Title            TREASURER  
Name            AVDIC, ZLATAN  
Address        11555 CENTRAL PARKWAY  
                 SUITE 801  
City-State-Zip: JACKSONVILLE FL 32224

Title            DIRECTOR  
Name            FERENCE, LISA  
Address        11555 CENTRAL PARKWAY  
                 SUITE 801  
City-State-Zip: JACKSONVILLE FL 32224

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WAYNE GOLON

**PRESIDENT**

02/07/2024

Electronic Signature of Signing Officer/Director Detail

Date