

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003911

FILED
Mar 07, 2024
Secretary of State
5626831615CC

Entity Name: OXFORD I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

FIRST SERVICE RESIDENTIAL
1904 CLUBHOUSE DR
SUN CITY CENTER, FL 33573

Current Mailing Address:

FIRST SERVICE RESIDENTIAL
1904 CLUBHOUSE DR
SUN CITY CENTER, FL 33573 US

FEI Number: 59-3294487

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

APPLETON REISS
215 N HOWARD AVE
SUITE 200
TAMPA, FL 33606 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: ERIC APPLETON

03/07/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BARDELL, MICHAEL
Address 1109 MCDANIEL
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR
Name DUNN, JOY
Address 2422 OXFORD DOWN CT
City-State-Zip: SUN CITY CENTER FL 33573

Title VP
Name DICKERSON, BARBARA
Address 2406 OXFORD DOWN CT
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR
Name STETZ, RONNY
Address 1036 MCDANIEL ST
City-State-Zip: SUN CITY CENTER FL 33573

Title SECRETARY
Name WALKER, SHIRLEY
Address 1035 MCDANIEL ST
City-State-Zip: SUN CITY CENTER FL 33573

Title TREASURER
Name DODD, CRAIG
Address 905 OXFORD PARK DR
City-State-Zip: SUN CITY CENTER FL 33573

Title DIRECTOR
Name MCINTYRE, CHRIS
Address 2225 OLIVE BRANCH DR
City-State-Zip: SUN CITY CENTER FL 33573

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: MICHAEL BARDELL

PRESIDENT

03/07/2024

Electronic Signature of Signing Officer/Director Detail

Date