## 2007 NOT-FOR-PROFIT CORPORATION

	ANNUAL	REPORT			19, 200 / 0:0'			
1. Entity Nam OASIS EI	MENT # 767278 N MANGO HILL CONDOMIN MINIUM NO. XV) ASSOCIAT			l ·	retary of Sta 0-2007 90022 037 ****70			
Fincipal Place of Business 11890 SW 8 STREET #401 MIAMI, FL 33184 US		Mailing Address UNLIMITED PROPERTY P.O. BOX 440067 MIAMI, FL 33144						
Suite, Apt.	80x 4409 15		14 Mant	01262007 Chg-N				
City & State	mi FL	City & State  Llami	Fl	4. FEI Number 59-2267838	<del></del>	pplied For lot Applicable		
3314	4 Bountry de	35/144	Dade	5. Certificate of Status	, co 75	Iditional		
	6. Name and Address of Current I	Registered Agent	Name 🛆 🖸		of New Registered Agent			
	D PROPERTY MGMT		INALIE O'K	Losil De	los Santo	<u>S</u>		
7655 NWL			Signification	Street Address (20. Bpx Number Shot Agceptable)				
10.00 00.00, 1 =	)							
	,		City H10	11aleah FL 39012				
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or regis		State of Florida. I am familiar with	, and accept		
the obligations of registered agent.  SIGNATURE OFOSIL De los Santos								
SIGNATURE .	Signature, typed or printed name of registered agent a	oa tros :	Registered Agent signature requ	uired when reinstaling)	2/1/07 DATE			
SIGNATURE .	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp	paign Financing	\$5.00 May Be Added to Fees	All DATE  Make check payable Florida Department of \$			
SIGNATURE .	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Camp Trust Fund Cor	paign Financing ntribution.	\$5.00 May Be Added to Fees	, -	State		
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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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: 🛣	prosil delos Santas	2/1/	07	3052672	755
	SIGNATURE AND TYPED OR PROITED NAME OF SIGNING OFFICER OR DIRECTOR Presiden	T 10	Date	Deytime Phone #	