


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000009075

1. Entity Name
THE GRAND OASIS CONDOMINIUM ASSOCIATION, INC.



FILED
06 JUN 23 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5601 RIVERSIDE DR
CORAL SPRINGS, FL 33607

Mailing Address
5601 RIVERSIDE DR
CORAL SPRINGS, FL 33607



2. Principal Place of Business
5601 Riverside Dr

3. Mailing Address
5601 Riverside Dr

Suite, Apt. #, etc.
Coral Springs

06122006 Chg-NP CR2E037 (4/06)

City & State
Coral Springs FL

City & State
Coral Springs FL

Zip Country
33067 Broward

Zip Country
33067 Broward

4. FEI Number
32-0133179

Applied For
 Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROGER, RANDALL
621 NW 53RD ST
SUITE 300
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name
RANDALL ROGER

Street Address (P.O. Box Numbers Not Acceptable)
621 NW 53RD ST

Suite
Suite 300

City
Boca Raton

FL Zip Code
33487

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 Lauren Parenti - President Board of Directors 6-13-6
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$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 PD	NAME CONSTANTINIDES, ROBERT	TITLE PD	NAME PARENTI, LAUREN MARIE
	STREET ADDRESS 5601 RIVERSIDE DR		STREET ADDRESS 5601 RIVERSIDE DR
	CITY-ST-ZIP CORAL SPRINGS, FL 33607		CITY-ST-ZIP CORAL SPRINGS FL 33067
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	NAME PRADINES, ANTONIO NETO	TITLE VD	NAME KIM REYNOLDS
	STREET ADDRESS 5601 RIVERSIDE DR		STREET ADDRESS 5601 RIVERSIDE DR
	CITY-ST-ZIP CORAL SPRINGS, FL 33607		CITY-ST-ZIP CORAL SPRINGS FL 33067
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD	NAME PARENTI, LAUREN MARIE	TITLE STD	NAME LAZARO MARRERO
	STREET ADDRESS 5601 RIVERSIDE DR		STREET ADDRESS 5601 RIVERSIDE DR
	CITY-ST-ZIP CORAL SPRINGS, FL 33607		CITY-ST-ZIP CORAL SPRINGS FL 33067
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
	STREET ADDRESS		STREET ADDRESS
	CITY-ST-ZIP		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	TITLE	NAME
	STREET ADDRESS		STREET ADDRESS
	CITY-ST-ZIP		CITY-ST-ZIP
	<input type="checkbox"/> Delete		<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: Lauren Parenti 6-13-6 954-344-0191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #