

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Nov 14, 2006
Secretary of State**

DOCUMENT# N04000009075

Entity Name: THE GRAND OASIS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**5601 RIVERSIDE DR
CORAL SPRINGS, FL 33067**New Principal Place of Business:****Current Mailing Address:**5601 RIVERSIDE DR
CORAL SPRINGS, FL 33067**New Mailing Address:**

FEI Number: 32-0133179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:ROGER, RANDALL
621 NW 53RD ST
SUITE 300
BOCA RATON, FL 33487 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: PD () Delete
Name: PARENTI, LAUREN M
Address: 5601 RIVERSIDE DR
City-St-Zip: CORAL SPRINGS, FL 33067Title: VD () Delete
Name: REYNOLDS, KIM
Address: 5601 RIVERSIDE DR
City-St-Zip: CORAL SPRINGS, FL 33067Title: STD () Delete
Name: MARRERO, LAZARO
Address: 5601 RIVERSIDE DR
City-St-Zip: CORAL SPRINGS, FL 33067**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: STD (X) Change () Addition
Name: GAGNE, GLADYS
Address: 5601 RIVERSIDE DR
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LAUREN PARENTI

PD

11/14/2006

Electronic Signature of Signing Officer or Director_____
Date