2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State
02-16-2007 90030 020 ****61.25

DOCUMENT # N04000009075

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

Principal Place of Business	Mailing Address
5601 RIVERSIDE DR	5601 RIVERSIDE DR
CORAL SPRINGS, FL 33067	CORAL SPRINGS, FL 33067

.40018857

DO NOT WRITE IN THIS SPACE

01162007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
32-0133179	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

DO NOT WRITE IN THIS SPACE

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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing — **$5.00** May Be
Trust Fund Contribution. ☐   Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	PARENTI, LAUREN M
STREET ADDRESS	5601 RIVERSIDE DR
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	VD
NAME	REYNOLDS, KIM
STREET ADDRESS	5601 RIVERSIDE DR
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	STD
NAME	GAGNE, GLADYS
STREET ADDRESS	5601 RIVERSIDE DR
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 Rey~~_ President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #