

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 06, 2009
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:LAW OFC. OF ROBERT P. KELLY C/O RG PICKLES
2514 HOLLYWOOD BLVD
SUITE 307
HOLLYWOOD, FL 33020 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: GAGNE, GLADYS T
Address: 5601 RIVERSIDE DR
City-St-Zip: CORAL SPRINGS, FL 33067Title: STD () Delete
Name: MICHAEL, JOHNSTON
Address: 5601 RIVERSIDE DR
City-St-Zip: CORAL SPRINGS, FL 33067Title: VP () Delete
Name: LINDER, NADINE
Address: 5601 RIVERSIDE DR
City-St-Zip: CORAL SPRINGS, FL 33067Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: VP (X) Change () Addition
Name: DIERDORF, WILLIAM
Address: 5601 RIVERSIDE DR
City-St-Zip: CORAL SPRINGS, FL 33067Title: TD (X) Change () Addition
Name: LINDER, NADINE
Address: 5601 RIVERSIDE DR
City-St-Zip: CORAL SPRINGS, FL 33067Title: SD () Change (X) Addition
Name: JOHNSTON, MICHAEL
Address: 5601 RIVERSIDE DR
City-St-Zip: CORAL SPRINGS, FL 33067Title: D () Change (X) Addition
Name: ROSA, NICHOLAS
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 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: GLADYS GAGNE

PD

08/06/2009

Electronic Signature of Signing Officer or Director_____
Date