2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-19-2007 90208 006 ****70.00

FILED

07 APR 27 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000000202

1. Entity Name
BIMINI AT THE OASIS HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11755 SW 90 ST MIAMI, FL 33186	11755 SW 90 ST MIAMI, FL 33186

M & E Associates

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
13055 SW 42 ST	13055 SW 42 ST
Suite, Apt. #, etc. Suite 203	Suite, Apt. #, etc. 203
City & State Miami FL	City & State Miami, FL
Zip 33175 Country	Zip 33175 Country

01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-5511921 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARGOLIS, JEFFREY R P.A. 200 S BISCAYNE BLVD STE 3400 MIAMI, FL 33131	Name SKRLD INC Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle Suite 1102 City Miami FL Zip Code 33134

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 _____ Lisa Lerner, Secretary
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 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARTINEZ, HAYDEE 11755 SW 90 ST MIAMI, FL 33186	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TORRA, BERNIE 11755 SW 90 ST MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GALLARDO, LILI 11755 SW 90 ST MIAMI, FL 33186	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MARTINEZ, FERNANDO 11755 SW 90 ST MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ROSSELLI, ALFONSO 11755 SW 90 ST MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

4/24/30

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: ALFONSO ROSSELLI 4/03/07 305-242-3608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AUTHORIZED AGENT