

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 10, 2007
Secretary of State**

DOCUMENT# N06000011530

Entity Name: THE OASIS AT PEARL LAKE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1037 ALDEN PARKWAY
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

1037 ALDEN PARKWAY
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ZARETSKY, LOUIS D ESQ.
555 NE 15TH STREET, SUITE #100
MIAMI, FL 33132 US

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: LOUIS D. ZARETSKY

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MAIER, CASPER J
Address: 3250 MARY STREET SUITE 500
City-St-Zip: COCONUT GROVE, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV () Delete
Name: CONDOROUSIS, NICOLAS
Address: 3250 MARY STREET SUITE 500
City-St-Zip: COCONUT GROVE, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST () Delete
Name: GARCIA, ADELAIDA
Address: 3250 MARY STREET SUITE 500
City-St-Zip: COCONUT GROVE, FL 33133

Title: DST (X) Change () Addition
Name: GREENWOOD, JASON
Address: 3250 MARY STREET SUITE 500
City-St-Zip: COCONUT GROVE, FL 33133

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: CASPER J. MAIER

DP

10/10/2007

Electronic Signature of Signing Officer or Director

Date