

2007 NOT-FOR-PROFIT CORPORATE ANNUAL REPORT

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CLERK OF STATE
TALLAHASSEE, FLORIDA

66021066

DOCUMENT # N06000011530
 1. Entity Name
THE OASIS AT PEARL LAKE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
 1037 ALDEN PARKWAY 1037 ALDEN PARKWAY
 ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32714

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. PO Box 1596
 City & State Sanford FL
 Zip 32771 USA



REINSTATEMENT 08

4. Name and Address of Current Registered Agent
ZARETSKY, LOUIS D ESQ.
 556 NE 15TH STREET, SUITE #100
 MIAMI, FL 33132

5. Certificate of Status Desired **Applied For**
 Not Applicable
 \$9.75 Additional Fee Required
 Premier Property Management of
 Central Florida, Inc
 206 S. Elm Avenue
 Sanford, FL 32772
 Zip Code

6. 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 *Lena K. Sulbeart* DATE 7/11/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by September 14, 2007
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	OP MAJER, CASPER J	TITLE NAME	
STREET ADDRESS	3250 MARY STREET SUITE 500	STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	CITY-ST-ZIP	
TITLE NAME	DV CONDOUROUSIS, NICOLAS	TITLE NAME	
STREET ADDRESS	3250 MARY STREET SUITE 500	STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	CITY-ST-ZIP	
TITLE NAME	OST GARCIA, ADELAIDA	TITLE NAME	
STREET ADDRESS	3250 MARY STREET SUITE 500	STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME		TITLE NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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 817, 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: *X. Canady* DATE 7/2/07