

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011530

FILED  
Mar 06, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1037 ALDEN PKWY  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1596  
SANFORD, FL 32771

**New Mailing Address:**

901 NORTH LAKE DESTINY DRIVE  
SUITE 110  
MAITLAND, FL 32751

FEI Number: 90-0357608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PREMIER PROPERTY MANAGEMENT OF CENTRAL FLO  
206 S. ELM AVENUE  
SANFORD, FL 32772 US

**Name and Address of New Registered Agent:**

COLDWELL BANKER COMMERCIAL NRT  
901 NORTH LAKE DESTINY DRIVE  
SUITE 110  
MAITLAND, FL 32751 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: ROBIN WEBB

03/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: DV (X) Change ( ) Addition  
Name: KING, ROBERT  
Address: 249 AFTON SQUARE #104  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

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: DEAN DRISCOLL

PM

03/06/2009

Electronic Signature of Signing Officer or Director

Date