2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#731850

FILED Apr 30, 2009 Secretary of State

Entity Name: OASIS - A CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O CARRIBBEAN PROPERTY MGMT 12301 SW 132 CT MIAMI, FL 33186 **Current Mailing Address: New Mailing Address:** C/O CARRIBBEAN PROPERTY MGMT 12301 SW 132 CT MIAMI, FL 33186 FEI Number: 59-1654125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TREAY, CARLOS A 2301 NW 87 AVENUE #501 MIAMI, FL 33172 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete FERNANDEZ-VALEZ, CARMEN FERNANDEZ-VALLEZ, CARMEN Name: Name: 4724 SW 67TH AVE #E-4 Address: 4724 SW 67TH AVE #E-4 Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 33155 Title: Title: () Delete () Change () Addition CASTELLANO, CHRISTINE Name: Name: Address: 4702 SW 67TH AVE #D-9 Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: Title: () Delete Title: () Change () Addition WAUGH, DONNA Name: Name: 4708SW 67TH AVE #L-1 Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CULVER, LYLE Name: 4730 SW 67TH AVE #I-3 Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: Title: () Delete Title: () Change () Addition KEON, TAIT Name: Name: 4722 SW 67TH AVE #A-9 Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: Title: () Delete Title: () Change () Addition ALVAREZ, TANIA Name: Name: Address: 4716 SW 67 AVE #D-6 Address: MIAMI, FL 33155 City-St-Zip: 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: CARMEN FERNANDEZ-VALLE PRES 04/30/2009