

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001923

Entity Name: OASIS COMMUNITY HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**381 N. KROME AVE
SUITE 205
HOMESTEAD, FL 33030**Current Mailing Address:**C/O ALTON MADISON PROPERTY MGMT
381 N. KROME AVE SUITE 205
HOMESTEAD, FL 33030 US**FEI Number:** 20-2391904**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKLRD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 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:** MARIA V. ARIAS

04/30/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name WALKER , STEPHEN W
Address 381 N. KROME AVE
 SUITE 205
City-State-Zip: HOMESTEAD FL 33030

Title VP, DIRECTOR
Name DORCELY, SAENS
Address 381 N. KROME AVE
 SUITE 205
City-State-Zip: HOMESTEAD FL 33030

Title SECRETARY, DIRECTOR
Name HUGGINS, HERCULES
Address 381 N. KROME AVE
 SUITE 205
City-State-Zip: HOMESTEAD FL 33030

Title TREASURER, DIRECTOR
Name BURGOS, LOURDES
Address 381 N. KROME AVE
 SUITE 205
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR
Name HUTCHINSON, DUANE
Address 381 N. KROME AVE
 SUITE 205
City-State-Zip: HOMESTEAD FL 33030

I hereby 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 all other like empowered.

SIGNATURE: STEPHEN WALKER

PRESIDENT

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date