# 2023 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

### Name and Address of Current Registered Agent:

KAYE BENDER REMBAUM PL 1200 PARK CENTRAL BLVD SOUTH POMPANO BEACH, FL 33064 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:	MICHAEL BENDER, ESQ		0	4/28/2023
	Electronic Signature of Registered Agent			Date
Officer/Direc	tor Detail :			
Title	VP, DIRECTOR	Title	SECRETARY, DIRECTOR	
Name	WALKER , STEPHEN W	Name	DORCELY, SAENS	
Address	381 N. KROME AVE SUITE 205	Address	381 N. KROME AVE SUITE 205	
City-State-Zip:	HOMESTEAD FL 33030	City-State-Zip:	HOMESTEAD FL 33030	
Title	PRESIDENT, DIRECTOR	Title	TREASURER, DIRECTOR	
Name	HUGGINS, HERCULES	Name	HOLNESS, GRACE R	
Address	381 N. KROME AVE	Address	381 N KROME AVENUE, SUITE 20	5
City-State-Zip:	SUITE 205 HOMESTEAD FL 33030	City-State-Zip:	HOMESTEAD FL 33030	
Title	DIRECTOR			
Name	MARTINEZ, GABRIEL			
Address	381 N KROME AVENUE, 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: HERCULES HUGGINS

PRESIDENT

04/28/2023

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date