

**2024 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:**

KAYE BENDER REMBAUM PL  
1200 PARK CENTRAL BLVD SOUTH  
POMPAÑO 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

04/21/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title TREASURER, DIRECTOR  
Name HOLNESS, GRACE R  
Address 381 N KROME AVENUE, SUITE 205  
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

04/21/2024

Electronic Signature of Signing Officer/Director Detail

Date