2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001923

Entity Name: OASIS COMMUNITY HOMEOWNERS ASSOCIATION, INC.

FILED
Jun 29, 2020
Secretary of State
6654965511CC

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 06/29/2020

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title SECRETARY, DIRECTOR Title DIRECTOR

Name $\hspace{.1in} \text{WALKER , STEPHEN W} \hspace{1.5in} \text{Name} \hspace{1.5in} \text{DORCELY, SAENS}$

Address 381 N. KROME AVE Address 381 N. KROME AVE

SUITE 205 SUITE 205

City-State-Zip: HOMESTEAD FL 33030 City-State-Zip: HOMESTEAD FL 33030

TitlePRESIDENT, DIRECTORTitleTREASURER, DIRECTORNameHUGGINS, HERCULESNameBURGOS, LOURDES

Address 381 N. KROME AVE Address 381 N. KROME AVE

SUITE 205 SUITE 205

City-State-Zip: HOMESTEAD FL 33030 City-State-Zip: HOMESTEAD FL 33030

Title VP, DIRECTOR

Name SAGARO, MICHAEL

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.