

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000114737

Entity Name: THE OASIS AT HIGHWOODS PRESERVE, LLC

Current Principal Place of Business:

247 N. WESTMONTE DR
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

247 N. WESTMONTE DR
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 35-2572024

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name THE OASIS AT HIGHWOODS PRESERVE GP, LLC
Address 247 N. WESTMONTE DR
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGR
Name DRPRMP MANAGER, LLC
Address 247 N. WESTMONTE DR
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title P
Name PICERNE, ROBERT M
Address 247 N. WESTMONTE DR
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title EVP
Name HALEY, RICHARD
Address 247 N. WESTMONTE DR
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title EVP
Name WERNECKE, EDWARD
Address 247 N. WESTMONTE DR
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THE OASIS AT HIGHWOODS PRESERVE GP, LLC

MGRM

04/18/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date