

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

**95 FEB 14 PM 2:32**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Workum  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 731850 (4)**  
1. Corporation Name  
**OASIS - A CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address

**C/O MIAMI MANAGEMENT  
14538 S.W. 119 AVENUE  
MIAMI FL 33186**

**C/O MIAMI MANAGEMENT  
14538 S.W. 119 AVENUE  
MIAMI FL 33186**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/12/1975** 3a. Date of Last Report **04/20/1994**

4. FEI Number **59-1654125** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 **c/o Miami Management** 26 **14275 SW 142 Avenue**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 **Miami, Florida 33186** 28 **Miami, Florida 33186**

Zip Country Zip Country

24 **33186** 25 **Dade** 29 **33186** 30 **Dade**

9. Name and Address of Current Registered Agent

**SKRLD, INCORPORATION  
201 ALHAMBRA CIRCLE, SUITE 1102  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>CRUSHNYS, TOMAS</b>
STREET ADDRESS	<b>4732 SW 67 AVE., K5</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>P</b>
NAME	<b>COULSON, BONITA B</b>
STREET ADDRESS	<b>4704 SW 67 AVE., N4</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>VP</b>
NAME	<b>PEDROSA, MARTA B</b>
STREET ADDRESS	<b>4726 SW 67 AVE-F9</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>SD</b>
NAME	<b>ANDERSON, ANA</b>
STREET ADDRESS	<b>419 MINORCA AVE</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>
TITLE	<b>Director</b>
NAME	<b>Pedro Pujol</b>
STREET ADDRESS	<b>4714 SW 67 Avenue C-6</b>
CITY-ST-ZIP	<b>Miami, FL 33155</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>1</b>	<b>Bonita Bell Coulson, President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS		<b>4704 SW 67 Avenue N-4</b>	
1.4 CITY-ST-ZIP		<b>Miami, FL 33155</b>	
2.1 TITLE	<b>2</b>	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		<b>Lisa Abrell</b>	
2.3 STREET ADDRESS		<b>4724 SW 67 Avenue E-11</b>	
2.4 CITY-ST-ZIP		<b>Miami, FL 33155</b>	
3.1 TITLE	<b>3</b>	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		<b>Judith Hoerner</b>	
3.3 STREET ADDRESS		<b>4710 SW 67 Avenue H-1</b>	
3.4 CITY-ST-ZIP		<b>Miami, FL 33155</b>	
4.1 TITLE	<b>4</b>	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		<b>Ava Anderson</b>	
4.3 STREET ADDRESS		<b>419 Minorca Ave</b>	
4.4 CITY-ST-ZIP		<b>Coral Gables, FL 33134</b>	
5.1 TITLE	<b>5</b>	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		<b>Mary Jo Bruno</b>	
5.3 STREET ADDRESS		<b>4728 SW 67 Avenue J-1</b>	
5.4 CITY-ST-ZIP		<b>Miami, FL 33155</b>	
6.1 TITLE	<b>6</b>	<b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		<b>Thomas Grushnys</b>	
6.3 STREET ADDRESS		<b>4732 SW 67 Avenue K-5</b>	
6.4 CITY-ST-ZIP		<b>Miami, FL 33155</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: *Bonita Bell Coulson* **2/2/95** **305/661-8708**

DIGITALLY SIGNED AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Pedro Pujol* *Bell Coulson*