NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # 731850

1. Corporation Name

OASIS - A CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O COURTESY PROP MGMT 9380 SUNSET DR B-250 MIAMI FL 33173

2. Principal Place of Business

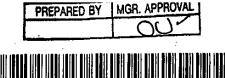
Mailing Address

2a. Mailing Address

C/O COURTESY PROP MGMT 9380 SUNSET DR B-250 MIAMI FL 33173

## FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90199 023 \*\*\*\*70.00



3. Date Incorporated or Qualifed

	O CW 125 Avenue	26 13250 SW	135 A	venue	02/12/1975			
21 1325 Suite, Apt.	0 SW 135 Avenue # etc	Suite, Apt. #, etc.	133 2	VCIIUC	4. FEI Number	App	olied For	
					59-1654125	Not	Applicable_	
City & State City & State					5. Certificate of Status Desired	\$8.75 A	dditional	
To Minut Tilono			orida	I	5. Certificate of Status Desired			
Zip	ii, Florida Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Be	
24 3318	25 Dade 29 33186 30 D			le	Trust Fund Contribution Added to Fees			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
_		-	81	Name				
MOTYCZKA, WILLIAM ESQ				82 Street Address (P.O. Box Number is Not Acceptable)				
13410 SW 128 STREET				Sileet Au	diess (r.o. Box Humber to Not Accoptancy			
MIAMI FL 33186						85 Zip C	odo.	
			84	City	· FI	_ <b>85</b> Zip C	Jude	
11. Pursuant	to the provisions of Sections 617 0502	and 617.1508. Florida Statutes	s, the above	-named co	rporation submits this statement for the purpose of	f changing its	registered	
office or n	egistered agent or both in the State of	Florida, Such change was auf	inonzea by	trie corbora	tion's board of directors. I hereby accept the appoint	ointment as reg	jistered	
agent. I a	m familiar with, and accept the obligatio	ns of, Section 617.0503, Flore	oa Statutes					
SIGNATURE	Signature, typed or printed name of registered agent a	ad title if anothrable /NOTE: F	Peristered Aner	t signature requ	ired when reinstating) DATE	<del></del>		
12.	OFFICERS AND	<del></del>	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	VPD	Ø DELETE	1.1 TITL€	- 1	ABD .	Change	X Addition	
NAME	FONTICIELLA, NELDA		12 NAME		CUNHA, VIVIAN			
	4800 ALL AT ALESTINE #4 44				4712 SW 67 AVE. #G-9			
STREET ADDRESS	MIAMI FL 33155		1.4 CITY-S		MIAMI, FLORIDA 33155			
City-St-ZiP	VPD	X] DELETE	2.1 TITLE		PD	Change	X Addition	
	· · · · · · · · · · · · · · · · · · ·		2.2 NAME		<del></del>			
NAME	ALVAREZ, SANDRA		2.3 STREET		HOERNER, JUDITH		•	
STREET ADDRESS	4714 SW 67 AVE. #C-3		1		4710 SW 67 AVE. #H-1			
CITY-ST-ZIP	MIAMI FL:33155	K) DELETE	2.4 CITY-5		MIAMI, FL. 33155	Change	Addition	
TITLE		15) DELETE	3.1 TITLE		SDANCAT, IP. PETTR.		_	
NAME	GUDE, VIVIAM		3.2 NAME		BIANCHI, JR. PETER			
STREET ADDRESS	4728 SW 67 AVE J-2				4716 SW 67 AVE. #D-3	•		
CITY-ST-ZIP	MIAMI FL		3.4. CITY-S	T-ZIP	MIAMI, FL. 33155	Change	Addition	
TITLE	D	☐ DELETE	4.1 TITLE		;-'	- Criange	I HOUROIT	
NAME	vera, esperanza		4.2 NAME	Ī				
STREET ADDRESS	4708 SW 67 AVENUE, #L-5		4.3 STREE	FADDRESS	•			
CITY-ST-ZIP	MIAMI FL 33155	<del>_</del>	4.4 CITY-S			<b>F</b>		
TITLE	D	☐ DELETE	5.1 TITLE		PD	Change	Addition	
NAME	ALVAREZ, TANIA R		5.2 NAME		ALVAREZ, TANIA R		•	
STREET ADDRESS	4716 SW 67 AVE, #-6		5.3 STREE	ADDRESS	4716 SW 67 AVE, #D-6			
CfTY-ST-ZIP	MIAMI FL		5.4 CITY-S	T-ZIP	MIAMI, FL. 33155			
TITLE	SD	☐ DELETE	6.1 TITLE	1	) '	Change	Addition	
NAME	GRUSHNYS, THOMAS		6.2 NAME		GRUSHNYS, THOMAS			
STREET ADDRESS	a.a		6.3 STREE		4732 SW 67 AVE. #K-5			
CITY OT 71D	MIAMI EI		6.4 CITY-S	T-ZIP	MTAMT - FT. 33155			
14. I hereby	pertify that the information supplied with	this filing does not qualify for	the exempt	ion stated in	Section 119.07(3)(i), Florida Statutes. I further c	ertify that the in	nformation	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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 617, Florida Statutes; and that my name appears in Block 12 or Blook 19 if changed, or on an attachment with an eddress, with all other like empowered.

SIGNATURE SAMESIGNATURE REQUIRE

Date Daytime Pho

(11/30)