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Mar 10, 1999 8:00 am
Secretary of State

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

SECRET

CR2E037 (11/98)

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731850

1. Corporation Name
OASIS - A CONDOMINIUM ASSOCIATION, INC.

PREPARED BY	MGR. APPROVAL
	OU ✓



Principal Place of Business C/O COURTESY PROP MGMT 9380 SUNSET DR B-250 MIAMI FL 33173	Mailing Address C/O COURTESY PROP MGMT 9380 SUNSET DR B-250 MIAMI FL 33173
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2. Principal Place of Business 21 13250 SW 135 Avenue Suite, Apt. #, etc.	2a. Mailing Address 26 13250 SW 135 Avenue Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/12/1975
22	27	4. FEI Number 59-1654125
23 City & State Miami, Florida	28 City & State Miami, Florida	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 33186 25 Dade	29 33186 30 Dade	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent MOTYCZKA, WILLIAM ESQ 13410 SW 128 STREET MIAMI FL 33186	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FONTICIELLA, NELDA	1.2 NAME	CUNHA, VIVIAN
STREET ADDRESS	4722 SW 67 AVENUE, #A-11	1.3 STREET ADDRESS	4712 SW 67 AVE. #G-9
CITY-ST-ZIP	MIAMI FL 33155	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33155
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVAREZ, SANDRA	2.2 NAME	HOERNER, JUDITH
STREET ADDRESS	4714 SW 67 AVE. #C-3	2.3 STREET ADDRESS	4710 SW 67 AVE. #H-1
CITY-ST-ZIP	MIAMI FL 33155	2.4 CITY-ST-ZIP	MIAMI, FL. 33155
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SDANCI, TP. PETER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUDE, VIVIAM	3.2 NAME	BIANCHI, JR. PETER
STREET ADDRESS	4728 SW 67 AVE J-2	3.3 STREET ADDRESS	4716 SW 67 AVE. #D-3
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL. 33155
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERA, ESPERANZA	4.2 NAME	
STREET ADDRESS	4708 SW 67 AVENUE, #L-5	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, TANIA R	5.2 NAME	ALVAREZ, TANIA R
STREET ADDRESS	4716 SW 67 AVE, #6	5.3 STREET ADDRESS	4716 SW 67 AVE, #D-6
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL. 33155
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUSHNYS, THOMAS	6.2 NAME	GRUSHNYS, THOMAS
STREET ADDRESS	4732 SW 67TH AVE. K-5	6.3 STREET ADDRESS	4732 SW 67 AVE. #K-5
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI, FL. 33155

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____ SIGNATURE REQUIRED _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____