

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

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

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

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

Mailing Address

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

PREPARED BY	MGR. APPROVAL
	OU



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

4. FEI Number

59-1654125

Applied For

Not Applicable

City & State

23 Miami, Florida

City & State

28 Miami, Florida

Zip Country

24 33186 25 Dade

Zip Country

29 33186 30 Dade

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☒ DELETE

NAME FONTICIELLA, NELDA  
STREET ADDRESS 4722 SW 67 AVENUE, #A-11  
CITY-ST-ZIP MIAMI FL 33155

TITLE VPD ☒ DELETE

NAME ALVAREZ, SANDRA  
STREET ADDRESS 4714 SW 67 AVE. #C-3  
CITY-ST-ZIP MIAMI FL 33155

TITLE T ☒ DELETE

NAME GUDE, VIVIAN  
STREET ADDRESS 4728 SW 67 AVE J-2  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME VERA, ESPERANZA  
STREET ADDRESS 4708 SW 67 AVENUE, #L-5  
CITY-ST-ZIP MIAMI FL 33155

TITLE D ☐ DELETE

NAME ALVAREZ, TANIA R  
STREET ADDRESS 4716 SW 67 AVE, #6  
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE

NAME GRUSHNYS, THOMAS  
STREET ADDRESS 4732 SW 67TH AVE. K-5  
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD ☐ Change ☒ Addition

1.2 NAME CUNHA, VIVIAN  
1.3 STREET ADDRESS 4712 SW 67 AVE. #G-9  
1.4 CITY-ST-ZIP MIAMI, FLORIDA 33155

2.1 TITLE TD ☐ Change ☒ Addition

2.2 NAME HOERNER, JUDITH  
2.3 STREET ADDRESS 4710 SW 67 AVE. #H-1  
2.4 CITY-ST-ZIP MIAMI, FL. 33155

3.1 TITLE SDANCI, TP. PETER ☐ Change ☒ Addition

3.2 NAME BIANCHI, JR. PETER  
3.3 STREET ADDRESS 4716 SW 67 AVE. #D-3  
3.4 CITY-ST-ZIP MIAMI, FL. 33155

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE PD ☒ Change ☐ Addition

5.2 NAME ALVAREZ, TANIA R  
5.3 STREET ADDRESS 4716 SW 67 AVE, #D-6  
5.4 CITY-ST-ZIP MIAMI, FL. 33155

6.1 TITLE D ☒ Change ☐ Addition

6.2 NAME GRUSHNYS, THOMAS  
6.3 STREET ADDRESS 4732 SW 67 AVE. #K-5  
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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/17/99

CR2E037 (11/98)