

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Dec 14, 2006  
Secretary of State**

DOCUMENT# 731850

Entity Name: OASIS - A CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CARRIBBEAN PROPERTY MGMT  
12301 SW 132 CT  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CARRIBBEAN PROPERTY MGMT  
12301 SW 132 CT  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 59-1654125      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRIAIY, CARLOS A  
10570 NW 27 STREET, #103  
MIAMI, FL 33172 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: WAUGH, DONNA  
Address: 4708 SW 67 AVE #L1  
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete  
Name: GRUSHNYS, TOM  
Address: 4732 SW 67 AVE K-5  
City-St-Zip: MIAMI, FL 33155

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BRUNO, MARY JO  
Address: 4728 SW 67 AVE #J-1  
City-St-Zip: MIAMI, FL 33155

Title: S (X) Change ( ) Addition  
Name: GRUSHNYS, TOM  
Address: 4732 SW 67 AVE K-5  
City-St-Zip: MIAMI, FL 33155

Title: T ( ) Change (X) Addition  
Name: GUDE, VIVIAN  
Address: 4728 SW 67 AVE #J-2  
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIVIAN GUDE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

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12/14/2006

\_\_\_\_\_  
Date