

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90001 040 ****61.25

DOCUMENT # 731850 1. Entity Name OASIS - A CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O CARRIBBEAN PROPERTY MGMT 12301 SW 132 CT MIAMI, FL 33186			Mailing Address C/O CARRIBBEAN PROPERTY MGMT 12301 SW 132 CT MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FEI Number 59-1654125				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VELASCO, PETER L ESQ CUEVAS & ORTIZ, P.A. 536 BILTMORE WAY CORAL GABLES, FL F3313-4			7. Name and Address of New Registered Agent Name CARLOS A. TREAY Street Address (P.O. Box Number is Not Acceptable) 2301 NW 8th AVE # 501 City MIAMI, FL Zip Code 33172		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE 7/25/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANNA, TERESA 4700SW 67 AVE #P-17 MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hernandez-Vallz Carmen 4724 SW 67th Ave # E-4 Miami FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALAIMO TOSCA, CAROL 4706SW 67 AVE M-4 MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Castellano, Christine 4702 SW 67th Ave # D-9 Miami FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WAUGH, DONNA 4708SW 67TH AVE #L-1 MIAMI, FL 33155	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULVER, LYLE 4730 SW 67TH AVE #I-3 MIAMI, FL 33155	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ENFIELD, JENNIFER 4700 SW 67 AVE #P-5 MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Keon, Tait 4722 SW 67th Ave # A-9 Miami FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, TANIA 4716 SW 67 AVE #D-6 MIAMI, FL 33155	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE DATE 8/15/08 Daytime Phone # 305-251-9848 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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