



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 AM
Secretary of State

DOCUMENT # 740447 1. Entity Name OASIS HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 4508-4522 LEUCADENDRA SEBRING, FL 33872 US	Mailing Address 889 LEATHER FERN LN MIMS, FL 32754
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DO NOT WRITE IN THIS SPACE

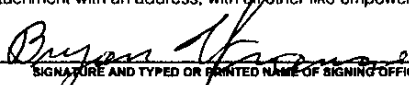
	
03102007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-1988088	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRANCIS, BRYAN L 889 LEATHER FERN LN MIMS, FL 32754
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DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P L'ABBE, RAYMOND 4520 LEUCADENDRA DR SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BELL, DEBORAH 4516 LEUCADENDRA DR SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FRANCIS, BRYAN 889 LEATHER FERN LN MIMS, FL 32754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 another like empowered.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	3/18/07 407-349-0889 <small>Date Daytime Phone #</small>