

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90134 024 ****61.25

DOCUMENT # N00000004500

1. Entity Name

OCEAN OASIS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**4900 S. OCEAN DRIVE
FORT PIERCE FL 34949**

Mailing Address

**4900 S. OCEAN DRIVE
FORT PIERCE FL 34949**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1113882**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THURLOW, THOMAS H JR.
17 MARTIN L. KING, JR. BLVD.
STUART FL 34995-0106**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **D** ☐ Delete
NAME **CHANDRAKANT, KAPDI C M.D**
STREET ADDRESS **40700 WOODWARD AVENUE #220**
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48304**

TITLE **D** ☒ Change ☐ Addition
NAME **CHANDRAKANT, KAPDI C M.D**
STREET ADDRESS **40700 WOODWARD AVENUE STE.A**
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48304**

TITLE **D** ☐ Delete
NAME **BASSETT, JOSEPH S M.D.**
STREET ADDRESS **40700 WOODWARD AVENUE #220**
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48304**

TITLE **D** ☒ Change ☐ Addition
NAME **BASSETT, JOSEPH S M.D.**
STREET ADDRESS **40700 WOODWARD AVENUE STE. A**
CITY-ST-ZIP **BLOOMFIELD HILLS, MI 48304**

TITLE **D** ☐ Delete
NAME **A. JOSEPH HOSKI, M.D.**
STREET ADDRESS **40700 WOODWARD AVENUE #220**
CITY-ST-ZIP **BLOOMFIELD HILLS MI 48304**

TITLE **D** ☒ Change ☐ Addition
NAME **HOSKI, JOSEPH A. M.D.**
STREET ADDRESS **40700 WOODWARD AVENUE STE.A**
CITY-ST-ZIP **BLOOMFIELD HILLS, MI 48304**

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 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:

SIGNATURE *[Signature]* Director

8/26/2003 248-645-2200

CR2E037 (4/03)