2/

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

02-26-2002 90059 050 ****61.25

DOCUMENT # N00000008424

1. Entity Name
OASIS SUN RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3710 CR 54 DAVENPORT FL 33837	3710 CR 54 DAVENPORT FL 33837

2. Principal Place of Business	3. Mailing Address
130 South Main Street	130 South Main Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Garden, FLorida	City & State: Winter Garden, Florida
Zip: 34787 / Country: U.S.A.	Zip: 34787 / Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: APPLIED FOR ~~03-0383523~~ — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ECKERSLEY, MICHAEL C. 3710 CR 54 DAVENPORT FL 33837	Name: William D. Pigozzi Street Address (P.O. Box Number is Not Acceptable): 130 South Main Street City: Winter Garden FL Zip Code: 34787

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.

SIGNATURE _____ 2/15/02
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: WEBBER, RON STREET ADDRESS: 109 FRANCES DR. CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32714	XX Delete	TITLE: P NAME: William D. Pigozzi STREET ADDRESS: 130 South Main Street CITY-ST-ZIP: Winter Garden, FL 34787	☐ Change XX Addition
TITLE: D NAME: BLACKBURN, JASON P STREET ADDRESS: 623 BRIAR GROVE AVE. CITY-ST-ZIP: DAVENPORT FL 33837	XX Delete	TITLE: D NAME: Jason Tisdell STREET ADDRESS: 130 South Main Street CITY-ST-ZIP: Winter Garden, Fl 34787	☐ Change XX Addition
TITLE: D NAME: ECKERSLEY, MICHAEL C STREET ADDRESS: 125 HILLTOP ST. CITY-ST-ZIP: DAVENPORT FL 33837	XX Delete	TITLE: D NAME: Ty Bowie STREET ADDRESS: 130 South Main Street CITY-ST-ZIP: Winter Garden, Fl 34787	☐ Change XX Addition
TITLE: D NAME: PLAYER, STEPHEN STREET ADDRESS: 5401 LOMA VISTA DR. EAST CITY-ST-ZIP: DAVENPORT FL 33837	XX Delete	TITLE: D NAME: John Forte STREET ADDRESS: 130 South Main Street CITY-ST-ZIP: Winter Garden, FL 34787	☐ Change ☒ Addition
TITLE: D NAME: PLAYER, PAT STREET ADDRESS: 5401 LOMA VISTA DR. EAST CITY-ST-ZIP: DAVENPORT FL 33837	XX Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

CR2E037 (9/01)

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 a addition with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 2/15/02 — 407-877-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #