

2002 UNIFORM BUSINESS REPORT (UBR)

2/

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

**3710 CR 54
DAVENPORT FL 33837**

Mailing Address

**3710 CR 54
DAVENPORT FL 33837**

2. Principal Place of Business

130 South Main Street
Suite, Apt. #, etc.

3. Mailing Address

130 South Main Street
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Winter Garden, Florida

City & State

Winter Garden, Florida

Zip

34787

Country

U.S.A.

Zip

34787

Country

U.S.A.

4. FEI Number

03-0383523

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ECKERSLEY, MICHAEL C.
3710 CR 54
DAVENPORT FL 33837**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

2/15/02

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WEBBER, RON
109 FRANCES DR.
ALTAMONTE SPRINGS FL 32714** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BLACKBURN, JASON P
623 BRIAR GROVE AVE.
DAVENPORT FL 33837** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ECKERSLEY, MICHAEL C
125 HILLTOP ST.
DAVENPORT FL 33837** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PLAYER, STEPHEN
5401 LOMA VISTA DR. EAST
DAVENPORT FL 33837** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PLAYER, PAT
5401 LOMA VISTA DR. EAST
DAVENPORT FL 33837** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
William D. Pigozzi
130 South Main Street
Winter Garden, FL 34787** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Jason Tisdell
130 South Main Street
Winter Garden, FL 34787** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Ty Bowie
130 South Main Street
Winter Garden, FL 34787** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
John Fente
130 South Main Street
Winter Garden, FL 34787** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 all additions with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/02

Date

407-877-7070

Daytime Phone #

CR2637 (9/01)