

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001824

FILED
Mar 26, 2007
Secretary of State

Entity Name: THE OASIS MASTER ASSOCIATION, INC.

Current Principal Place of Business:

2450 DEKAN LANE
LAND O LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

2345 OASIS DR.
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: 59-3707536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUTZ, JOHN
2345 OASIS DR.
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: POLLOCK, MICHAEL
Address: 2303 OASIS DR
City-St-Zip: LAND O' LAKES, FL 34639

Title: ST () Delete
Name: MUCCI, JOHN
Address: 2427 OASIS DR.
City-St-Zip: LUTZ, FL 33549

Title: PRES () Delete
Name: ZINGARO, CHRISTINE
Address: 2430 DEKAN LANE
City-St-Zip: LUTZ, FL 33549

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SAMPSON, RON
Address: 2445 DEKAN LANE
City-St-Zip: LAND O' LAKES, FL 34639

Title: VP (X) Change () Addition
Name: RIZNER, ROGER
Address: 2323 OASIS DR.
City-St-Zip: LUTZ, FL 33549

Title: SEC (X) Change () Addition
Name: KIRK, LAURA
Address: 21820 CARSON DR.
City-St-Zip: LUTZ, FL 33549

Title: TREA () Change (X) Addition
Name: SELIGMAN, MARC
Address: 21738 CARSON DR.
City-St-Zip: LAND O LAKES, FL 34639

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON SAMPSON

PRES

03/26/2007

Electronic Signature of Signing Officer or Director

Date