2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000001173

1. Entity Name
OASIS SINGER ISLAND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3920 NORTH OCEAN DRIVE SINGER ISLAND, FL 33404 US	3920 NORTH OCEAN DRIVE SINGER ISLAND, FL 33404 US

01202004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3642777
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAMON, CONRAD
4420 BEACON CIRCLE
SUITE 100
WEST PALM BEACH, FL 33407

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	DUBOIS, RICHARD
STREET ADDRESS	3920 NORTH OCEAN DRIVE
CITY-ST-ZIP	SINGER ISLAND, FL 33404
TITLE	VPD
NAME	ASSEF, BETTY
STREET ADDRESS	5250 NORTH OCEAN DRIVE, #8N
CITY-ST-ZIP	SINGER ISLAND, FL 33404
TITLE	SD
NAME	DAMON, CONRAD
STREET ADDRESS	4420 BEACON CIRCLE, SUITE 100
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/04/04-80014-017 61.25

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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: _____ 1/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #