

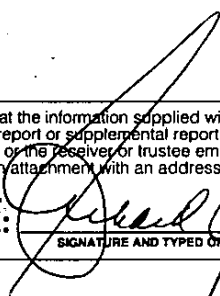


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90339 050 ****61.25

DOCUMENT # N02000001173 1. Entity Name OASIS SINGER ISLAND CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3920 NORTH OCEAN DRIVE SINGER ISLAND, FL 33404 US			Mailing Address 3920 NORTH OCEAN DRIVE SINGER ISLAND, FL 33404 US		
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 04-3642777	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAMON, CONRAD 4420 BEACON CIRCLE SUITE 100 WEST PALM BEACH, FL 33407				Name Street Address (P.O. Box Number is Not Acceptable) City	
				Zip Code FL	
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					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUBOIS, RICHARD		NAME		
STREET ADDRESS	3920 NORTH OCEAN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SINGER ISLAND, FL 33404		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASSEF, BETTY		NAME		
STREET ADDRESS	5250 NORTH OCEAN DRIVE, #8N		STREET ADDRESS		
CITY-ST-ZIP	SINGER ISLAND, FL 33404		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAMON, CONRAD		NAME		
STREET ADDRESS	4420 BEACON CIRCLE, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	VPD	
STREET ADDRESS			STREET ADDRESS	WATSON, FRED	
CITY-ST-ZIP			CITY-ST-ZIP	3920 N. OCEAN DR	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	STP	
STREET ADDRESS			STREET ADDRESS	ZUCHOWSKI, JOHN	
CITY-ST-ZIP			CITY-ST-ZIP	3920 N. OCEAN DR.	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			PRES.		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4-13-05		

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04112005 Chg-NP CR2E037 (10/03)