

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001173

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** OASIS SINGER ISLAND CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3920 NORTH OCEAN DRIVE  
SINGER ISLAND, FL 33404 US

**New Principal Place of Business:**

**Current Mailing Address:**

3920 NORTH OCEAN DRIVE  
SINGER ISLAND, FL 33404 US

**New Mailing Address:**

**FEI Number:** 04-3642777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OPC MANAGEMENT, INC  
1200 US HWY #1  
SUITE E  
PALM BEACH GARDENS, FL 33408 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: STD ( ) Delete  
Name: WILKINSON, HAROLD  
Address: 3920 NORTH OCEAN DRIVE  
City-St-Zip: SINGER ISLAND, FL 33404 US

Title: VPD ( ) Delete  
Name: BERTORELLO, ROBERT  
Address: 3920 N. OCEAN DRIVE  
City-St-Zip: SINGER ISLAND, FL 33408 US

Title: PD ( ) Delete  
Name: ZUCHOWSKI, JOHN  
Address: 3920 N. OCEAN DRIVE  
City-St-Zip: SINGER ISLAND, FL 33408 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN ZUCHOWSKI

P

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date