


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90030 015 ****61.25

DOCUMENT # N03000004339					
1. Entity Name OASIS ON THE BEACH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8401 CRESPI BOULEVARD MIAMI BEACH, FL 33141			Mailing Address 8401 CRESPI BOULEVARD APT. 1 MIAMI BEACH, FL 33141		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o TPS MANAGEMENT			
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 661554			
City & State		City & State Miami Springs, FL.		4. FEI Number 20-3311166	
Zip		Zip 33266		Country USA	
6. Name and Address of Current Registered Agent FLORES, CARLOS 8401 CRESPI BOULEVARD, APT. 1 MIAMI BEACH, FL 33141				7. Name and Address of New Registered Agent Name Straley & Otto, P.A. Street Address (P.O. Box Number is Not Acceptable) 2699 Stirling Road Suite C-207 City Hollywood-Ft. Lauderdale FL Zip Code 33312	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		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 PD	NAME FLORES, CARLOS	<input checked="" type="checkbox"/> Delete	TITLE VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 8401 CRESPI BOULEVARD, APT. 1	MIAMI BEACH, FL 33141		STREET ADDRESS Angela Riocabo 8335 Crespi Blvd. #1	Miami Beach, FL. 33141	
CITY - ST - ZIP	MIAMI BEACH, FL 33141		CITY - ST - ZIP	MIAMI BEACH, FL. 33141	
TITLE ST	NAME COPPOLA, PAOLO	<input checked="" type="checkbox"/> Delete	TITLE STD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 8401 CRESPI BOULEVARD, UNIT 2	MIAMI BEACH, FL 33141		STREET ADDRESS Maria Riocabo 70 S. Royal Poinciana Blvd.	Miami Springs, FL. 33166	
CITY - ST - ZIP	MIAMI BEACH, FL 33141		CITY - ST - ZIP	MIAMI SPRINGS, FL. 33166	
TITLE VP	NAME RAXACH, ENRIQUE	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 8335 CRESPI BOULEVARD, UNIT 4	MIAMI BEACH, FL 33141		STREET ADDRESS		
CITY - ST - ZIP	MIAMI BEACH, FL 33141		CITY - ST - ZIP		
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		
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 exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			MARIA RIOCABO 7/14/08 305-885-0845		