2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# N03193

Entity Name: THE OASIS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1800 N OCEAN DRIVE
UNIT 207
HOLLYWOOD, FL 330193409

New Principal Place of Business:

Current Mailing Address:

1800 N OCEAN DRIVE
UNIT 207
HOLLYWOOD, FL 330193409

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARBER, ROBERT A
1800 N OCEAN DRIVE
UNIT 207
HOLLYWOOD, FL 330193409 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: TD ( ) Delete
Name: BARBER, ROBERT A
Address: 1800 N OCEAN DR., #207
City-St-Zip: HOLLYWOOD, FL 330193409

Title: VD ( ) Delete
Name: ABBOTONI, GUY
Address: 2710 POLK ST.
City-St-Zip: HOLLYWOOD, FL 33020

Title: PD ( ) Delete
Name: COHEN, STAN
Address: 4410 SW 93RD AVE
City-St-Zip: DAVIE, FL 33328

Title: S ( ) Delete
Name: BARBER, MARION I
Address: 1800 NO OCEAN DR, # 207
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: DEARAGON, GUSTAVO
Address: 2118 SW 175TH AVENUE
City-St-Zip: MIRAMAR, FL 33029

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: ROBERT A. BARBER DT 03/29/2009
Electronic Signature of Signing Officer or Director — Date