

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010165

FILED
Jan 30, 2009
Secretary of State

Entity Name: BELIZE AT THE OASIS NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

M & E ASSOCIATES OF MIAMI, INC.
13055 SW 42 STREET, SUITE 203
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

M & E ASSOCIATES OF MIAMI, INC.
13055 SW 42 STREET, SUITE 203
MIAMI, FL 33175

New Mailing Address:

FEI Number: 20-3583506 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIR STE 1102
CORAL GABLES, FL 33134 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: P () Delete
Name: DELGADO, ARI
Address: 267 NE 32 TERRACE
City-St-Zip: HOMESTEAD, FL 33033

Title: VP () Delete
Name: SANCHEZ, LINDA
Address: 3180 NE 1 DRIVE
City-St-Zip: HOMESTEAD, FL 33033

Title: S () Delete
Name: DAHMER, RICHARD
Address: 261 NE 32 TERRACE
City-St-Zip: HOMESTEAD, FL 33033

Title: T (X) Delete
Name: SANTANA, TERESA
Address: 3150 NE 1 DRIVE
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MOE, PATRICIA
Address: 3134 NE 2 DRIVE
City-St-Zip: HOMESTEAD, FL 33033

Title: TS (X) Change () Addition
Name: SCHRACK, ZEIDA
Address: 3168 NE 2 DRIVE
City-St-Zip: HOMESTEAD, FL 33033

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: ARI DELGADO

P

01/30/2009

Electronic Signature of Signing Officer or Director

Date