

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010165

FILED
Apr 30, 2012
Secretary of State

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

Current Principal Place of Business:

C/O ALTON MADISON PROPERTY MANAGEMENT
381 N KROME AVENUE, SUITE 205
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

C/O ALTON MADISON PROPERTY MANAGEMENT
381 N KROME AVENUE, SUITE 205
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 20-3583506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 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: VPD
Name: DELGADO, ARI
Address: 381 N KROME AVENUE, SUITE 205
City-St-Zip: HOMESTEAD, FL 33030

Title: D
Name: BISSONNETTE, BRIAN
Address: 381 N KROME AVENUE, SUITE 205
City-St-Zip: HOMESTEAD, FL 33030

Title: D
Name: BROWN CARO, EDGAR
Address: 381 N KROME AVENUE, SUITE 205
City-St-Zip: HOMESTEAD, FL 33030

Title: PD
Name: GENTHER, SUSAN
Address: 381 N KROME AVENUE #205
City-St-Zip: HOMESTEAD, FL 33030

Title: STD
Name: SEMINARA, JOSEPH
Address: 381 N KROME AVENUE #205
City-St-Zip: HOMESTEAD, FL 33030

I hereby 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 all other like empowered.

SIGNATURE: SUSAN GENTHER

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04/30/2012

Electronic Signature of Signing Officer or Director

Date