2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N05000010231

Entity Name: BALI 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: 20-3617680 **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: HURTADO, CESAR
Address: 398 NE 36 AVENUE ROAD
City-St-Zip: HOMESTEAD, FL 33033

Title: VD ( ) Delete
Name: FABLEY, JAY
Address: 244 NE 36 TERRACE
City-St-Zip: HOMESTEAD, FL 33033

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: TIBOR, ALAN
Address: 296 NE 36 AVE ROAD
City-St-Zip: HOMESTEAD, FL 33033

Title: VP (X) Change ( ) Addition
Name: FABLEY, JAY
Address: 244 NE 36 TERRACE
City-St-Zip: HOMESTEAD, FL 33033

Title: VP ( ) Change (X) Addition
Name: DORCELY, SEAN
Address: 171 NE 36 AVE ROAD
City-St-Zip: HOMESTEAD, FL 33033

Title: S ( ) Change (X) Addition
Name: WEDDERBURN, SAZANA
Address: 3656 NE 1 STREET
City-St-Zip: HOMESTEAD, FL 33033

Title: T ( ) Change (X) Addition
Name: MARTINEZ, JAIME
Address: 257 NE 36 AVE ROAD
City-St-Zip: HOMESTEAD, FL 33033

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: ALAN TIBOR P 01/30/2009
Electronic Signature of Signing Officer or Director — Date