

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90127 001 ***245.00

DOCUMENT # N05000010243

1. Entity Name
**BERMUDA AT THE OASIS NEIGHBORHOOD
ASSOCIATION, INC.**



Principal Place of Business
**730 N.W. 107 AVENUE
FOURTH FLOOR
MIAMI, FL 33172**

Mailing Address
**730 N.W. 107 AVENUE
FOURTH FLOOR
MIAMI, FL 33172**

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01082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3618758	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**JEFFREY R. MARGOLIS, P.A.
C/O DUANE MORRIS LLP
200 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HENDERSON, MERCEDES 730 N.W. 107 AVENUE FOURTH FLOOR MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCPHERSON, GREG 730 N.W. 107 AVENUE FOURTH FLOOR MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD AVILA, MIGUEL 730 N.W. 107 AVENUE FOURTH FLOOR MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mercedes Henderson
2/5/07

Date

Daytime Phone #

305-559-1951