

**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 # N05000010247**

1. Entity Name  
**ATLANTIS 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**

**bbuuu3b4**



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**20-3618391**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**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  
**DP  
HENDERSON, MERCEDES  
730 N.W. 107 AVENUE FOURTH FLOOR  
MIAMI, FL 33172**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DVP  
MCIPHERSON, GREG  
730 N.W. 107 AVENUE FOURTH FLOOR  
MIAMI, FL 33172**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DST  
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

**2/5/07**

Date

Daytime Phone #

**(305) 559-1951**