

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05994

FILED
Feb 11, 2009
Secretary of State

Entity Name: OASIS SURFSIDE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

310 ARTHUR ST.
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

C/O PATRICIA AKERS
9600 N.W. 8 ST.
PEMBROKE PINES, FL 33024 US

New Mailing Address:

4837 N.W. 91 TERRACE
SUNRISE, FL 33351 US

FEI Number: 59-2645986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKERS, PATRICIA P
9600 N.W. 8 ST.
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

SULLIVAN, DEBRA
4837 N.W. 91 TERRACE
FLORIDA, FL 33351 US

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: DEBRA SULLIVAN

02/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AKERS, PATRICIA
Address: 9600 N.W. 8TH ST
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D () Delete
Name: PROTO, LOUIS
Address: PO BOX 434
City-St-Zip: OLEAN, NY 14760

Title: T () Delete
Name: HESSLER, BARBARA,
Address: 5001 POLK STREET
City-St-Zip: HOLLYWOOD, FL 33021

Title: DVP (X) Delete
Name: SAN MARTANO, MARC
Address: 319 CONNECTICUT ST, APT 1
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SAN MARTANO, MARC
Address: 5400 POLK ST.
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP (X) Change () Addition
Name: AKERS, LEO
Address: 9600 N.W. 8TH ST
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D/T (X) Change () Addition
Name: SULLIVAN, DEBRA D
Address: 4837 N.W. 91 TERRACE
City-St-Zip: SUNRISE, FL 33351

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: DEBRA SULLIVAN

D/T

02/11/2009

Electronic Signature of Signing Officer or Director

Date