
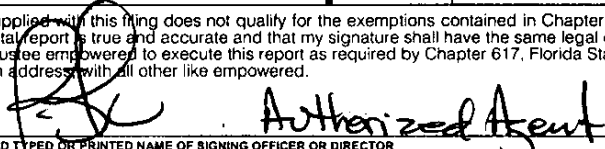


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90024 035 ****70.00

DOCUMENT # N06000000202					
1. Entity Name BIMINI AT THE OASIS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business M & E ASSOCIATES OF MIAMI, INC. 13055 SW 42 ST, SUITE 203 MIAMI, FL 33175			Mailing Address M & E ASSOCIATES OF MIAMI, INC. 13055 SW 42 ST, SUITE 203 MIAMI, FL 33175		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5511921	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASSOCIATION LAW GROUP, PL 1666 KENNEDY CAUSEWAY, SUITE 305 MIAMI BCH, FL 33141				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORRA, BERNIE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	11755 SW 90 ST			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	MIAMI, FL 33186			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	V			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, FERNANDO			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	11755 SW 90 ST			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	MIAMI, FL 33186			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	STD			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSSELLI, ALFONSO			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	11755 SW 90 ST			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	MIAMI, FL 33186			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  Authorized Agent					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	