

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001565

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: THE OASIS AT NAPLES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2110 ARBOUR WALK CIRCLE  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

2110 ARBOUR WALK CIRCLE  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 20-4322814      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHN C. GOODE, PA  
9915 TAMiami TRAIL N., STE 1  
NAPLES, FL 34108 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: DP ( ) Delete  
Name: CABRERIZO, TOMAS  
Address: 6351 SUNSET DR.  
City-St-Zip: MIAMI, FL 33143

Title: DVS ( ) Delete  
Name: SCOTT, DEBORAH P  
Address: 2226 ARBOR WALK CIR #1914  
City-St-Zip: NAPLES, FL 34109

Title: DT ( ) Delete  
Name: FUENTES, IVAN  
Address: 6351 SUNSET DR.  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVS (X) Change ( ) Addition  
Name: WATTS, RICHARD B  
Address: 2178 ARBOUR WALK CIRCLE, UNIT #2314  
City-St-Zip: NAPLES, FL 34109

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: MARY SCHELLING, PM FOR OASIS AT NAPLES

PM

04/30/2009

Electronic Signature of Signing Officer or Director

Date