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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N08220

(8)

| OASIS COURT HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 3100 BROADWAY RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404 | | | | | | | | | | | | |
|--|--|------------------------------|---|---|------------------------|---------------------------|--------------------------------------|---------------------|--------------|-------------|-----------------------------|----------------------------------|
| 2. Principal | Place of Business | | | | | 3 | Date Incorpo 03/18/ | rated or Qu 1985 | alified | 3a. D | ate of La 04/03/ | st Report |
| 21 | Trace of Business | 2a. Mailing Addres | SS | | | 4 | FEI Number 65-003 | CEO2 | | <u> </u> | | Applied For |
| Suite, Ap | ot. #, etc. | Suite, Apt. #, 6 | etc. | | | | 05-003 | 0000 | | | | Not Applicabl |
| 22 | | 27 | | | | 5. | . Certificate of | Status Desi | red | | | 75 Additional e Required |
| City & Sta | ale | City & State | | | | 6. | Election Cam | paign Finani | cina | | | .00 May Be |
| Zip | Country | 28 Zip | | . | | | Trust Fund Co | ontribution | | | Add | ded to Fees |
| 24 | 25 | 29 | Goun 30 | itry | | 8. | This corporati | ion has liabil | ity for inta | ingible ta | ax under | s. 199.032, |
| | 9. Name and Address of Cur | rent Registered Agent | 130 | | | 10 | Florida Statut Name and A | | Law Bar | Yes 🗌 | No | |
| 4 11 11 12 14 | 1411 - | | | B1 / | Vame | | Tramo una A | uui ess Ui i | 1ew neg | stered | Agent | |
| | IAN, FRED | | 1 | B2 5 | Street A | ddosa (D | .O. Box Numbe | and the state of | | | | |
| | ASIS CT. A BEACH FL 33404 | | | SHEET AGE | | do ess (F. | .O. BOX NUMBE | er is Not Acc | eptable) | | | |
| UNAICIN | C DEMOTI PL 33404 | | [8 | 83 | | | | | | | | |
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| 11. Pursuant | t to the provisions of Sections 617.05 | 02 and 617 1609. Florida 6 | | ı | • | <u> </u> | | | | FL | 1 | Zip Code |
| or registe familiar v | t to the provisions of Sections 617.05 ered agent, or both, in the State of Fk with, and accept the obligations of, Se | orida. Such change was au | thorized by the co | e-nan Irpora | ned corp tion's b | poration s poard of di | ubmits this star rectors, I hereb | tement for the | ne purpos | e of cha | nging its | registered offic |
| | | ection 617.0503, Florida Sta | atutes. | | | | | y bocopi iii | appoint | nent as | registere | d agent. I am |
| THI AME | | | | | | | | | | | | |
| | Signature, typed or printed name of registered ag- | ent and title if applicable. | | | | | | | | | <u>.</u> | |
| 12. | Signature, typed or printed name of registered age | ND DIRECTORS | (NOTE: Registered A; | | | Juired when rei | ristating) | | OFFICE | DATE | DIDL CT | ODS IN 10 |
| 12. TILE | Signature, typed or printed name of registered age OFFICERS A | | (NOTE: Registered A; | yent sig | | julred when rei | ristating): ADDITIONS/CH | HANGES 10 | OFFICE | RS AND | | |
| 12. ITLE VAME | Signature, typed or printed name of registered agr OFFICERS A P NIEDT, DALE E. | ND DIRECTORS DELETE | (NOTE: Registered A; | yent sig | | Ned when re | nslatingi ADDITIONS/CH | HANGES 10 | OFFICE | RS AND | DIRECTO Change | ORS IN 12 |
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THE AUGUST AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fred Huffman

1/5/96 407)