2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# N33653

Entity Name: OASIS VILLAGE OF OKEECHOBEE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1601 HIGHWAY 441 S.E.
UNIT 160
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

1601 HIGHWAY 441 S.E.
UNIT 160
OKEECHOBEE, FL 34974

New Mailing Address:

FEI Number: 65-0150048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELANGER, JEAN-GUY
1601 HIGHWAY 441 S.E.
UNIT 160
OKEECHOBEE, FL 34974 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:	PT	( ) Delete
Name:	BELANGER, JEAN-GUY	
Address:	1601 HWY 441 S.E. LOT 39	
City-St-Zip:	OKEECHOBEE, FL 34974	
Title:	S	( ) Delete
Name:	GRAVELLE, NICOLE	
Address:	1601 HWY 441 SE LOT 107	
City-St-Zip:	OKEECHOBEE, FL 34974	
Title:	DT	( ) Delete
Name:	LAURIN, AUREL	
Address:	1601 HWY 44A S.E. LOT 77	
City-St-Zip:	OKEECHOBEE, FL 34974	
Title:	D	( ) Delete
Name:	HANUS, JACK	
Address:	1601 HWY. 441 S.E. LOT 56	
City-St-Zip:	OKEECHOBEE, FL 34974	
Title:	D	( ) Delete
Name:	FRIOLET, HEDARD	
Address:	1601 HWY 441 SE LOT 114	
City-St-Zip:	OKEECHOBEE, FL 34974	
Title:	D	( ) Delete
Name:	DUBE, PAUL	
Address:	1601 HWY 441 S.E. LOT 93	
City-St-Zip:	OKEECHOBEE, FL 34974	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: AUREL LAURIN DT 03/28/2009
Electronic Signature of Signing Officer or Director — Date