

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005079

FILED
Jan 02, 2007
Secretary of State

Entity Name: THE OASIS II AT VENTURA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

901 N. LAKE DESTINY DRIVE
SUITE 110
MAITLAND, FL 32751

New Principal Place of Business:

225 S. WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

901 N. LAKE DESTINY DRIVE
SUITE 110
MAITLAND, FL 32751

New Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 32716

FEI Number: 59-3350417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBB, ROBIN L
901 N LAKE DESTINY DRIVE
SUITE 110
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

WOMACK, ELLEN R
225 S. WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 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: ELLEN R. WOMACK

01/02/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: LOVSE, MARILYN
Address: 3930 S PT DR 209
City-St-Zip: ORLANDO, FL 32822

Title: PD () Delete
Name: GRAVES, LEWIS
Address: 3960 SOUTH POINTE DR #535
City-St-Zip: ORLANDO, FL 32822

Title: SD () Delete
Name: ARAGON, ELIZABETH
Address: 3930 S PT DR 212
City-St-Zip: ORLANDO, FL 32822

Title: VD () Delete
Name: HUSEN, FRED
Address: 3930 S PT DR 210
City-St-Zip: ORLANDO, FL 32822

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ELLEN R. WOMACK

A

01/02/2007

Electronic Signature of Signing Officer or Director

Date