

# 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

Electronic Signature of Registered Agent

01/02/2007

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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

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

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: ELLEN R. WOMACK

Electronic Signature of Signing Officer or Director

A

01/02/2007

Date