

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005413 (8)

1. Corporation Name

ISLAND OASIS CLUB, INC.



Principal Place of Business

Mailing Address

265 GROVE STREET
MERRITT ISLAND FL 32953

265 GROVE STREET
MERRITT ISLAND FL 32953

3. Date Incorporated or Qualified
11/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0623985

Applied For
Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23. City & State

28. City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24. Zip

25. Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAGA, TERRELL S
265 GROVE STREET
MERRITT ISLAND FL 32953

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE

1.1 TITLE Change Addition

NAME HAGA, TERRELL S
STREET ADDRESS C/O 265 GROVE STREET
CITY-ST-ZIP MERRITT ISLAND FL 32953

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE

2.1 TITLE Change Addition

NAME LIMING, JOHN W
STREET ADDRESS C/O 265 GROVE STREET
CITY-ST-ZIP MERRITT ISLAND FL 32953

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD DELETE

3.1 TITLE Change Addition

NAME LOCUSON, BRUCE
STREET ADDRESS C/O 265 GROVE STREET
CITY-ST-ZIP MERRITT ISLAND FL 32953

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD DELETE

4.1 TITLE Change Addition

NAME POWELL, BARBARA
STREET ADDRESS C/O 265 GROVE STREET
CITY-ST-ZIP MERRITT ISLAND FL 32953

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE

5.1 TITLE Change Addition

NAME ROACH, BRIAN
STREET ADDRESS C/O 265 GROVE STREET
CITY-ST-ZIP MERRITT ISLAND FL 32953

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE

6.1 TITLE Change Addition

NAME DAVENPORT, AL
STREET ADDRESS C/O 265 GROVE STREET
CITY-ST-ZIP MERRITT ISLAND FL 32953

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/92 (407) 454-1510

Date

Daytime Phone #

CR2E037 (12/95)