NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90115 004 ****61.25

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Corporation Name

OASIS LAKES RESORT CONDOMINIUM ASSOCIATION, INC.										
Principal Place of Business Mailing Address 12400 INTERNATIONAL DR. 12400 INTERNATIONAL DR. ORLANDO FL 32821 ORLANDO FL 32821									•	
2. Principal P	tace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed]
21		26				02/06/1998				1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				£ FEI Number	٠		olied For	Į .
22		27				69-3510757			Applicable	ŀ
City & Stat	18	City & State				5. Certificate of Status Desired	ı	\$8.75 A		1
23	<u> </u>	28							·	ł
Zip	Country	Zip		intry ———		6. Election Campaign Financing	ĭ	: \$5.00 t Added ti		
24	25	29	30			Trust Fund Contribution 10. Name and Address of New Regis	stered Ad		1 Lass	1
	9. Name and Address of Current	Registered Agent		81 Name		To. Name and Address of New Keys	PER DO NO			1
				1 1						1
A.G.C. CO				82 Street	Addres	s (P.O. Box Number is Not Acceptable)	٠.		•	1
	range ave., suite 2300			83						1
ORLANDO	FL 32801			"						1
				84 City		•	FL	85 Zip C	ode	
11. Pursuant	to the provisions of Sections 617 0502	and 617.1508. Florida Stati	utes, the a	bove-named	corpora	tion submits this statement for the purp	ose of ch	anging its	egistered	1.
office or n	egistered agent, or both, in the State o	f Florida, Such change was	authorized	by the corp	oration's	ation submits this statement for the purps s board of directors. I hereby accept the	ntnioqqa i	nent as reg	istered	1
										,
										ŀ _
SIGNATURE	Signature, typed or printed rame of registered agent		TE: Registered	i Agent signeture		hen reinstating) 0	ATE	·		88
		and libe if applicable. (NO	TE: Registered	i Agent signeture			RS AND	DIRECTO	R\$ IN 12	11/98)
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	i Agent signeture		hen reinstating) 0	RS AND	·		(11/98)
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and libe if applicable. (NO	TE: Registered	Aport algnoture		hen reinstating) 0	RS AND	DIRECTO	R\$ IN 12	037 (11/98)
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND	and libe if applicable. (NO	13. 1.1 TI 1.2 N	Aport algnoture	required si	hen reinstating) 0	RS AND	DIRECTO	R\$ IN 12	2E037 (11/98)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD GIANELLI, PETER	and little if applicable. (NO) DIRECTORS	13. 13. 1.1 T 12 N 1.3 S 14 C	Apert algrebies TLE AME TREET ADDRESS TTY-ST-ZP	required si	hen reinstating) 0	RS AND	DIRECTOR Change	RS IN 12	CR2E037 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registrated agent OFFICERS AND PD GIANELLI, PETER 5728 MAJOR BLVD., SUITE 304	and libe if applicable. (NO	13. 13. 1.1 TI 1.2 NI 1.3 S	Apert algrebies TLE AME TREET ADDRESS TTY-ST-ZP	required of	hen reinstating) 0 ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	R\$ IN 12	CR2E037 (11/98)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registrated agent OFFICERS AND PD GIANELLI, PETER 5728 MAJOR BLVD., SUITE 304 ORLANDO FL 32819	and little if applicable. (NO) DIRECTORS	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI	I Agent signes. ITLE AAAE ITREET ADDRESS ITY-ST-ZIP ITLE AAAE	Joh	hen reinstating) 0 ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTOR Change	RS IN 12	CR2E037 (11/98)
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registrated agent OFFICERS AND PD GJANELLI, PETER 5728 MAJOR BLVD., SUITE 304 ORLANDO FL 32819 VD BAYNARD, STEPHEN 5728 MAJOR BLVD., SUITE 304	and little if applicable. (NO) DIRECTORS	13. 1.3 TI 1.2 NI 1.3 SI 1.4 CI 2.1 TI 2.2 NI 2.3 SI	TLE AME TREET ADDRESS TIY-ST-ZP TLE AME TREET ADDRESS TY-ST-ZP TLE AME	Joh 124 Orl	n MacDonald 00 S.International Drando, F1. 32821	RS AND	DIRECTOR Change	RS IN 12	CR2E037 (11/98)
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

2-17.99

407-905-410