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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000709

1. Corporation Name
OASIS LAKES RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12400 INTERNATIONAL DR. ORLANDO FL 32821	12400 INTERNATIONAL DR. ORLANDO FL 32821

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 02/06/1998

4. FEI Number: 59-3510757 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

A.G.C. CO.
200 S. ORANGE AVE., SUITE 2300
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GIANELLI, PETER		1.2 NAME		
STREET ADDRESS	5728 MAJOR BLVD., SUITE 304		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BAYNARD, STEPHEN		2.2 NAME	John MacDonald	
STREET ADDRESS	5728 MAJOR BLVD., SUITE 304		2.3 STREET ADDRESS	12400 S.International Drive	
CITY-ST-ZIP	ORLANDO FL 32819		2.4 CITY-ST-ZIP	Orlando, Fl. 32821	
TITLE	TD	☒ DELETE	3.1 TITLE	Dennis Szczech	X Change ☐ Addition
NAME	WILLIAMS, BRYCE		3.2 NAME	12400 S.International Drive	
STREET ADDRESS	5728 MAJOR BLVD., SUITE 304		3.3 STREET ADDRESS	Orlando, Fl. 32821	
CITY-ST-ZIP	ORLANDO FL 32819		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	Michael Holbrook	X Change ☐ Addition
NAME	HAUGHTON, DANIEL		4.2 NAME	12400 S. International Drive	
STREET ADDRESS	5728 MAJOR BLVD., SUITE 304		4.3 STREET ADDRESS	Orlando. Fl. 32821	
CITY-ST-ZIP	ORLANDO FL 32819		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 617, 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.

SIGNATURE: JOHN MACDONALD SIGNATURE REQUIRED 2-17-99 407-905-4109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #