2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000000709

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

Principal Place of Business	Mailing Address
12400 INTERNATIONAL DR. ORLANDO, FL 32821	7037 CROSSLAND DRIVE ORLANDO, FL 32821

04282005 No Chg-NP CR2E037 (10/03)

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

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

6. Name and Address of Current Registered Agent

LEHR, PATRICIA
4960 CONFERENCE WAY N.#100
BOCA RATON, FL 33431

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FITZGERALD, DENNIS
STREET ADDRESS	4960 CONFERENCE WAY N.100
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	STD
NAME	BASYE, LEON
STREET ADDRESS	4960 CONFERENCE WAY N.100
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	VD
NAME	THAKURDIN, JEREMY
STREET ADDRESS	8219 VIA VERONA
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000343297
04/29/05-80088-025 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leon Basye 4-28-05 561-912-8070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
2005 APR 29 AM 08:00
Secretary of State