

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90159 019 ****61.25

DOCUMENT # N98000000709 1. Entity Name OASIS LAKES RESORT CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 12400 INTERNATIONAL DR. ORLANDO, FL 32821	Mailing Address 7037 CROSSLAND DRIVE ORLANDO, FL 32821
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DO NOT WRITE IN THIS SPACE

40068708



04262006 No Chg-NP CR2E037 (11/05)

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	DO NOT WRITE IN THIS SPACE
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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.

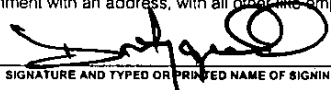
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FITZGERALD, DENNIS 4960 CONFERENCE WAY N.100 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BASYE, LEON 4960 CONFERENCE WAY N.100 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THAKURDIN, JEREMY 8219 VIA VERONA ORLANDO, FL 32836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #