

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000000709

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



Principal Place of Business
**12400 INTERNATIONAL DR.
ORLANDO, FL 32821**

Mailing Address
**7037 CROSSLAND DRIVE
ORLANDO, FL 32821**



03272008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3510757

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

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

U00000932164
05/22/08-80043-025 70.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-912-8129