

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90039 004 ***150.00

DOCUMENT # P03000102955

1. Entity Name
OASIS VACATION HOMES, INC.



Principal Place of Business
**P.O. BOX 421508
KISSIMMEE, FL 34742 US**

Mailing Address
**P.O. BOX 421508
KISSIMMEE, FL 34742 US**

54009697



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

54-2127374

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COHN, SCOTT E ESQ.
315 SE 7TH STREET
SECOND FLOOR
FT. LAUDERDALE, FL 33301**

Name
Iain Robinson

Street Address (P.O. Box Number is Not Acceptable)
2460 The Oaks Blvd.

City
Kissimmee

FL

Zip Code
34746

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

Iain Robinson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. -ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ROBINSON, IAIN
2460 THE OAKS BLVD.
KISSIMMEE, FL 34746** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ROBINSON, HELEN
2460 THE OAKS BLVD.
KISSIMMEE, FL 34746** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 607, 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

Iain Robinson 2/18/04 407 908 5289

Date

Daytime Phone #