~~FILE NOW, FILING FEE AFTER MAY 1 IS $25.00~~

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AMENDED ANNUAL REPORT
APPROVED
FILING FEE: $61.25
FILED
95 JUN 29 AM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # V23848 (7)

1. Corporation Name
OASIS TENNIS CLUB, INC.

Principal Place of Business	Mailing Address
4056 PRINCETON ST. FT. MYERS, FL 33901 US	13700-5 RALEIGH LN FT. MYERS, FL 33919 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 3/26/92
3a. Date of Last Report: 4/95

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3115375 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHORTRIDGE, STEPHEN D. 13700-5 RALEIGH LN FT. MYERS, FL 33919	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 607.0502 and 607.1508, 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 607.0505, 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	P	11 TITLE	☐ Change ☐ Addition
NAME	SHORTRIDGE, STEPHEN D.	12 NAME	
STREET ADDRESS	13700-5 RALEIGH LN	13 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL 33919	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	KALPIN, LANNY	22 NAME	
STREET ADDRESS	621 SW 3RD CT 104	23 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33991	24 CITY-ST-ZIP	
TITLE		31 TITLE	TREASURER ☐ Change ☒ Addition
NAME		32 NAME	LYNN W. SHORTRIDGE
STREET ADDRESS		33 STREET ADDRESS	13700-5 RALEIGH LN
CITY-ST-ZIP		34 CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE		41 TITLE	SECRETARY ☐ Change ☒ Addition
NAME		42 NAME	JUDITH D. PULTE
STREET ADDRESS		43 STREET ADDRESS	621 SW 3RD CT 104
CITY-ST-ZIP		44 CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Stephen D. Shortridge STEPHEN D. SHORTRIDGE 941-275-5683
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OF OFFICER OR DIRECTOR — Daytime Phone #
Title 6/1/95