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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 731850 (4)**

1. Corporation Name

**OASIS - A CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>C/O MIAMI MANAGEMENT 14538 S.W. 119 AVENUE MIAMI FL 33186</b>	Mailing Address <b>C/O MIAMI MANAGEMENT 14538 S.W. 119 AVENUE MIAMI FL 33186</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/12/1975</b>	3a. Date of Last Report <b>04/20/1994</b>
4. FEI Number <b>59-1654125</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 c/o Miami Management</b>	2a. Mailing Address <b>26 14275 SW 142 Avenue</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Miami, Florida 33186</b>	City & State <b>28 Miami, Florida 33186</b>
Zip <b>24 33186</b>	Country <b>25 Dade</b>
Zip <b>29 33186</b>	Country <b>30 Dade</b>

9. Name and Address of Current Registered Agent

**SKRLD, INCORPORATION  
201 ALHAMBRA CIRCLE, SUITE 1102  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	FL	B5 Zip Code
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	NAME <b>CRUSHNYS, TOMAS</b>	1.1 TITLE <b>(1)</b>	<b>Bonita Bell Coulson, President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4732 SW 67 AVE., K5</b>	CITY-ST-ZIP <b>MIAMI FL</b>	1.2 NAME	1.3 STREET ADDRESS <b>4704 SW 67 Avenue N-4</b>
TITLE <b>P</b>	NAME <b>COULSON, BONITA B</b>	2.1 TITLE <b>(2)</b>	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4704 SW 67 AVE., N4</b>	CITY-ST-ZIP <b>MIAMI FL</b>	2.2 NAME	2.3 STREET ADDRESS <b>Lisa Abrell</b>
TITLE <b>VP</b>	NAME <b>PEDROSA, MARTA B</b>	2.4 CITY-ST-ZIP <b>MIAMI, FL 33155</b>	3.1 TITLE <b>(3)</b>
STREET ADDRESS <b>4726 SW 67 AVE-F9</b>	CITY-ST-ZIP <b>MIAMI FL</b>	3.2 NAME	3.3 STREET ADDRESS <b>Treasurer</b>
TITLE <b>SD</b>	NAME <b>ANDERSON, ANA</b>	3.4 CITY-ST-ZIP <b>MIAMI, FL 33155</b>	4.1 TITLE <b>(4)</b>
STREET ADDRESS <b>419 MINORCA AVE</b>	CITY-ST-ZIP <b>CORAL GABLES FL</b>	4.2 NAME	4.3 STREET ADDRESS <b>Secretary</b>
TITLE <b>Director</b>	NAME <b>Pedro Pujol</b>	4.4 CITY-ST-ZIP <b>419 MINORCA AVE</b>	4.4 CITY-ST-ZIP <b>Coral Gables, FL 33134</b>
STREET ADDRESS <b>4714 SW 67 Avenue C-6</b>	CITY-ST-ZIP <b>MIAMI, FL 33155</b>	5.1 TITLE <b>(5)</b>	5.2 NAME <b>Director</b>
TITLE <b>Director</b>	NAME <b>Thomas Grushnys</b>	5.3 STREET ADDRESS <b>Mary Jo Bruno</b>	5.4 CITY-ST-ZIP <b>4728 SW 67 Avenue J-1</b>
STREET ADDRESS <b>4732 SW 67 Avenue K-5</b>	CITY-ST-ZIP <b>MIAMI, FL 33155</b>	6.1 TITLE <b>(6)</b>	6.2 NAME <b>Director</b>
TITLE <b>Director</b>	NAME <b>Thomas Grushnys</b>	6.3 STREET ADDRESS <b>4732 SW 67 Avenue K-5</b>	6.4 CITY-ST-ZIP <b>MIAMI, FL 33155</b>

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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Bonita Bell Coulson*  
SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/2/95* *305/661-8708*