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**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90199 023 \*\*\*\*70.00

SECRET

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 731850

1. Corporation Name  
**OASIS - A CONDOMINIUM ASSOCIATION, INC.**

PREPARED BY MGR. APPROVAL  
 OU ✓



Principal Place of Business Mailing Address  
 C/O COURTESY PROP MGMT 9380 SUNSET DR B-250 MIAMI FL 33173  
 C/O COURTESY PROP MGMT 9380 SUNSET DR B-250 MIAMI FL 33173

2. Principal Place of Business 21 13250 SW 135 Avenue Suite, Apt. #, etc. 22	2a. Mailing Address 26 13250 SW 135 Avenue Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 02/12/1975
23 Miami, Florida City & State 24 33186 25 Dade Zip Country	28 Miami, Florida City & State 29 33186 30 Dade Zip Country	4. FEI Number 59-1654125 Applied For Not Applicable
9. Name and Address of Current Registered Agent MOTYCZKA, WILLIAM ESQ 13410 SW 128 STREET MIAMI FL 33186		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FONTICIELLA, NELDA	1.2 NAME	CUNHA, VIVIAN
STREET ADDRESS	4722 SW 67 AVENUE, #A-11	1.3 STREET ADDRESS	4712 SW 67 AVE. #G-9
CITY-ST-ZIP	MIAMI FL 33155	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33155
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVAREZ, SANDRA	2.2 NAME	HOERNER, JUDITH
STREET ADDRESS	4714 SW 67 AVE. #C-3	2.3 STREET ADDRESS	4710 SW 67 AVE. #H-1
CITY-ST-ZIP	MIAMI FL 33155	2.4 CITY-ST-ZIP	MIAMI, FL. 33155
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SDANCI, TP. PETER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUDE, VIVIAM	3.2 NAME	BIANCHI, JR. PETER
STREET ADDRESS	4728 SW 67 AVE J-2	3.3 STREET ADDRESS	4716 SW 67 AVE. #D-3
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL. 33155
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERA, ESPERANZA	4.2 NAME	
STREET ADDRESS	4708 SW 67 AVENUE, #L-5	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, TANIA R	5.2 NAME	ALVAREZ, TANIA R
STREET ADDRESS	4716 SW 67 AVE, #6	5.3 STREET ADDRESS	4716 SW 67 AVE, #D-6
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI, FL. 33155
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUSHNYS, THOMAS	6.2 NAME	GRUSHNYS, THOMAS
STREET ADDRESS	4732 SW 67TH AVE. K-5	6.3 STREET ADDRESS	4732 SW 67 AVE. #K-5
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	MIAMI, FL. 33155

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (11/98)