

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731850

FILED
Apr 29, 2005
Secretary of State

Entity Name: OASIS - A CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O CARRIBBEAN PROPERTY MGMT
12301 SW 132 CT
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

C/O CARRIBBEAN PROPERTY MGMT
12301 SW 132 CT
MIAMI, FL 33186

New Mailing Address:

FEI Number: 59-1654125 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIAIY, CARLOS A
10570 NW 27 STREET, #103
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WAUGH, DONNA
Address: 4708 SW 67 AVE #L1
City-St-Zip: MIAMI, FL 33155

Title: PD () Delete
Name: FERNANDEZ, VICTOR
Address: 4704 SW 67 AVE N-4
City-St-Zip: MIAMI, FL 33155

Title: VPD () Delete
Name: FERNANDEZ, CARMEN
Address: 4702 SW 67 AVE 0-9
City-St-Zip: MIAMI, FL 33155

Title: TD () Delete
Name: BAHAMONDE, ALEX
Address: 4700 SW 67 AVE P-5
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: CARIDAD, RONALD
Address: 4722 SW 67 AVE A-10
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: GRUSHNYS, TOM
Address: 4732 SW 67 AVE K-5
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH R. PADRON

PA

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date