


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2008 8:00 am
Secretary of State

09-11-2008 90001 040 ****61.25

DOCUMENT # 731850

1. Entity Name
OASIS - A CONDOMINIUM ASSOCIATION, INC.



40115611



Principal Place of Business
**C/O CARRIBBEAN PROPERTY MGMT
 12301 SW 132 CT
 MIAMI, FL 33186**

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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

07252008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1654125

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VELASCO, PETER L ESQ
 CUEVAS & ORTIZ, P.A.
 536 BILTMORE WAY
 CORAL GABLES, FL F3313-4**

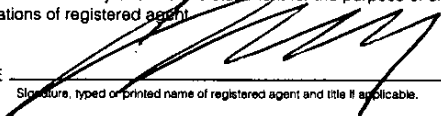
7. Name and Address of New Registered Agent

Name **CARLOS A. TREAY**

Street Address (P.O. Box Number is Not Acceptable)
**2301 NW 8th AVENUE
 # 501**

City **Miami, FL** Zip Code **33172**

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  DATE **7/25/08**

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANNA, TERESA 4706SW 67 AVE #P-17 MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALAIMO TOSCA, CAROL 4706SW 67 AVE M-4 MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WAUGH, DONNA 4708SW 67TH AVE #L-1 MIAMI, FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULVER, LYLE 4730 SW 67TH AVE #I-3 MIAMI, FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ENFIELD, JENNIFER 4700 SW 67 AVE #P-5 MIAMI, FL 33155	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, TANIA 4716 SW 67 AVE #D-6 MIAMI, FL 33155	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hernandez-Vallez Carmen 4724 SW 67th Ave # E-4 Miami FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Castellano, Christine 4702 SW 67th Ave # D-9 Miami FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Keon, Tait 4722 SW 67th Ave # A-9 Miami FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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  DATE **8/15/08** Daytime Phone # **305-251-9848**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR