

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90090 002 ****61.25

0030366

DOCUMENT # 731850

1. Entity Name

OASIS - A CONDOMINIUM ASSOCIATION, INC.



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1654125**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BLAXBERG, BARRY ESQ
INGRAHAM BLDG
25 SE 2ND AVE
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------|--|
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
| NAME | ZUPPA, STACY | |
| STREET ADDRESS | 4724 SW 67TH AVE., E-11 | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | FERNANDEZ, VICTOR | |
| STREET ADDRESS | 4704 SW 67 AVE N-4 | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | FERNANDEZ, CARMEN | |
| STREET ADDRESS | 4702 SW 67 AVE 0-9 | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | BAHAMONDE, ALEX | |
| STREET ADDRESS | 4700 SW 67 AVE P-5 | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CARIDAD, RONALD | |
| STREET ADDRESS | 4722 SW 67 AVE A-10 | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GRUSHNYS, TOM | |
| STREET ADDRESS | 4732 SW 67 AVE K-5 | |
| CITY-ST-ZIP | MIAMI FL 33155 | |

| | | |
|----------------|---|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Waugh, Donna | |
| STREET ADDRESS | 4708 SW 67 AVE #L1 MIA. FL 33155 | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Calcao, Gloria | |
| STREET ADDRESS | 4703 SW 67 AVE #N3 MIA. FL 33155 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 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:

SIGNATURE REQUIRED

03/04/2003

CR2E037 (10/02)