

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90021 035 ****70.00

DOCUMENT # 767278

1. Entity Name

**OASIS EN MANGO HILL CONDOMINIUM (MANGO HILL COND
 OMINIUM NO. XV) ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

L.M. QUALITY MANAGEMENT
 P.O. BOX 44-0915
 MIAMI FL 33144
 US

L.M. QUALITY MANAGEMENT
 P.O. BOX 44-0915
 MIAMI FL 33144
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2267838

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NUNEZ, LUZMARY
8101 BYRON AVENUE
ASSOCIATION BOX
MIAMI BEACH FL 33144

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten Signature: Luzmary Nunez] *[Handwritten Date: 2/9/02]*

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE & NAME	VPO FERNANDEZ, ABEL	<input type="checkbox"/> Delete
STREET ADDRESS	3986 W 9 CT	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE & NAME	PD OROSIL, DELOS SANTOS	<input type="checkbox"/> Delete
STREET ADDRESS	3991 W 9TH LN	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE & NAME	TD AIMEIDA, AGUSTIN	<input type="checkbox"/> Delete
STREET ADDRESS	4015 W 9TH LANE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE & NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE & NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE & NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE & NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE & NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE & NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Handwritten Signature: Orosil De los Santos]* *[Handwritten Date: 2/9/02]* *[Handwritten Phone: 305 864 6664]*

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

CR2E037 (9/01)