


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 767278**

1. Entity Name  
**OASIS EN MANGO HILL CONDOMINIUM (MANGO HILL CONDOMINIUM NO. XV) ASSOCIATION, INC.**



Principal Place of Business      Mailing Address

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

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P.O. BOX 44-0915  
MIAMI, FL 33144 US**

**DO NOT WRITE IN THIS SPACE**



01222005 No Chg-NP      CR2E037 (10/03)

4. FCI Number      Applied For  
**59-2267838**      Not Applicable

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

6. Name and Address of Current Registered Agent

**NUNEZ, LUZMARY  
402 MINORCA  
MIAMI, FL 33134**

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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]* **Luzmary Nunez**

Signature, last name, first name of registered agent or officer. Last name      (FIC) Registered Agent signature required on this filing      DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	FERNANDEZ, ABEL
STREET ADDRESS	3986 W 9 CT
CITY ST ZIP	HIALEAH, FL 33012
TITLE	PD
NAME	OROSIL, DELOS SANTOS
STREET ADDRESS	3991 W 9TH LN
CITY ST ZIP	HIALEAH, FL 33012
TITLE	TD
NAME	AIMEIDA, AGUSTIN
STREET ADDRESS	4015 W 9TH LANE
CITY ST ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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01/25/05-80087-021 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 a copy, as empowered.

SIGNATURE: *[Signature]* **OROSIL De los Santos**      Date: **1/20/05**      Doc# **3054468634**

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