

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 731850

**Entity Name:** OASIS - A CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 59-1654125

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TRIAY, CARLOS A  
3750 NW 87TH AVE #100  
MIAMI, FL 33178 US

*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

**Officer/Director Detail :**

Title            TREASURER  
Name            PROENZA, SUSANA  
Address        C/O CARIBBEAN PROPERTY MGMT  
                  12301 SW 132 CT  
City-State-Zip: MIAMI FL 33186

Title            DIRECTOR  
Name            CORRADINE, MARIA CLAUDIA  
Address        C/O CARIBBEAN PROPERTY MGMT  
                  12301 SW 132 CT  
City-State-Zip: MIAMI FL 33186

Title            VP  
Name            GRUSHNYS, THOMAS  
Address        C/O CARIBBEAN PROPERTY MGMT  
                  12301 SW 132 CT  
City-State-Zip: MIAMI FL 33186

Title            DIRECTOR  
Name            ILIFFE, NANCY  
Address        C/O CARIBBEAN PROPERTY MGMT  
                  12301 SW 132 CT  
City-State-Zip: MIAMI FL 33186

Title            DIRECTOR  
Name            PIZA, NATALIA  
Address        C/O CARIBBEAN PROPERTY MGMT  
                  12301 SW 132 CT  
City-State-Zip: MIAMI FL 33186

Title            SECRETARY  
Name            BORBOLLA, IGNACIO  
Address        C/O CARIBBEAN PROPERTY MGMT  
                  12301 SW 132 CT  
City-State-Zip: MIAMI FL 33186

Title            PRESIDENT  
Name            SAMPEDRO, HORTENSIA  
Address        C/O CARIBBEAN PROPERTY MGMT  
                  12301 SW 132 CT  
City-State-Zip: MIAMI FL 33186

*I hereby 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 all other like empowered.*

**SIGNATURE:** HORTENSIA SAMPEDRO

P

08/01/2022

Electronic Signature of Signing Officer/Director Detail

Date