

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

DOCUMENT# 731850

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

**FILED**  
**Jan 24, 2022**  
**Secretary of State**  
**4341954996CC**

**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:**

TRIAIY, 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 DIRECTOR  
Name PROENZA, SUSANA  
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 DIRECTOR  
Name CORRADINE, MARIA CLAUDIA  
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 VP  
Name GRUSHNYS, THOMAS  
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

Title TREASURER  
Name ILIFFE, NANCY  
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

**PRESIDENT**

**01/24/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date