

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000128

**Entity Name:** OASIS OF CAPE CORAL CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 27, 2015**  
**Secretary of State**  
**CC0049612883**

**Current Principal Place of Business:**

1490 NE PINE ISLAND RD  
#8D  
CAPE CORAL , FL 33909

**Current Mailing Address:**

PO BOX 1848  
FORT MYERS, FL 33902 US

**FEI Number: 26-0102828**

**Certificate of Status Desired: No**

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

SILVERCRESTED MANAGEMENT  
1490 NE PINE ISLAND RD  
#8D  
CAPE CORAL , FL 33909 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: MICHELLE THOMPSON**

**02/27/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MANTOVANI, EUGENE  
Address PO BOX 1848  
City-State-Zip: FORT MYERS FL 33902

Title VP  
Name BOGAR, WILLIAM  
Address PO BOX 1848  
City-State-Zip: FORT MYERS FL 33902

Title TS  
Name MONTAG, TIMOTHY  
Address PO BOX 1848  
City-State-Zip: FORT MYERS FL 33902

Title D  
Name MAURO, THERESA  
Address PO BOX 1848  
City-State-Zip: FORT MYERS FL 33902

Title SECRETARY  
Name THOMPSON, PATRICIA  
Address PO BOX 1848  
City-State-Zip: FORT MYERS FL 33902

*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: EUGENE MANTOVANI**

**PRESIDENT**

**02/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date