

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000128

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

FILED
Mar 15, 2018
Secretary of State
CC2996398803

Current Principal Place of Business:

950 HANCOCK CREEK BLVD SOUTH
CAPE CORAL , FL 33903

Current Mailing Address:

P.O. BOX 152930
CAPE CORAL, FL 33915 US

FEI Number: 26-0102828

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COASTAL ASSOCIATION SERVICES, LLC
12533 NEW BRITTANY BLVD #3204
FT. MYERS, FL 33907 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: TROY FUTCH

03/15/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MANTOVANI, EUGENE
Address PO BOX 152930
City-State-Zip: CAPE CORAL FL 33915

Title VP
Name BOGAR, WILLIAM
Address PO BOX 152930
City-State-Zip: CAPE CORAL FL 33915

Title TS
Name MONTAG, TIMOTHY
Address PO BOX 152930
City-State-Zip: CAPE CORAL FL 33915

Title SECRETARY
Name THOMPSON, PATRICIA
Address PO BOX 152930
City-State-Zip: CAPE CORAL FL 33915

Title DIRECTOR
Name BONGIOVANNI, CLARICE
Address P.O. BOX 152930
City-State-Zip: CAPE CORAL FL 33915

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: TIMOTHY MONTAG

TREASURER

03/15/2018

Electronic Signature of Signing Officer/Director Detail

Date