FORT MYERS, FL 33919 US				
FEI Number: 26-0102828			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
ALLIANT PROPERTY MANAGEMENT, LCC 6719 WINKLER RD. STE. 200 FORT MYERS, FL 33919 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	E: JOHN M. STROHM			04/14/2014
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	P	Title	VP	
Name	MANTOVANI, EUGENE	Name	SMITH, KEN	
Address	6719 WINKLER RD. STE. 200	Address	6719 WINKLER RD. STE. 200	
City-State-Zip:	FORT MYERS FL 33919	City-State-Zip:	FORT MYERS FL 33919	
Title	TS	Title	D	
Name	MONTAG, TIMOTHY	Name	MAURO, THERESA	
Address	6719 WINKLER RD. STE. 200	Address	6719 WINKLER RD. STE. 200	
City-State-Zip:	FORT MYERS FL 33919	City-State-Zip:	FORT MYERS FL 33919	
Title	D			
Name	THOMPSON, PATRICIA			
Address	6719 WINKLER RD. STE. 200			

6719 WINKLER RD. STE. 200 FORT MYERS, FL 33919

DOCUMENT# N0400000128

**Current Principal Place of Business:** 

## **Current Mailing Address:**

6719 WINKLER RD. STE. 200 F

## I

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

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

City-State-Zip: FORT MYERS FL 33919

04/14/2014

Electronic Signature of Signing Officer/Director Detail

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT FILED

Apr 14, 2014 Secretary of State CC4708025929

PRESIDENT