

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000128

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

**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

04/05/2017

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

TS

04/05/2017

Electronic Signature of Signing Officer/Director Detail

Date