

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000010231

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC4023227209**

**Entity Name:** BALI AT THE OASIS NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O FIRSTSERVICE RESIDENTIAL FLORIDA  
5805 BLUE LAGOON DRIVE SUITE 310  
MIAMI, FL 33126

**Current Mailing Address:**

C/O FIRSTSERVICE RESIDENTIAL FLORIDA  
5805 BLUE LAGOON DRIVE SUITE 310  
MIAMI, FL 33126 US

**FEI Number:** 20-3617680

**Certificate of Status Desired:** No

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

ASSOCIATION LAW GROUP  
1200 BRICKELL AVENUE  
PH 2000  
MIAMI, FL 33131 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            PRESIDENT  
Name            DORCELY, SAENS  
Address        C/O FIRSTSERVICE RESIDENTIAL  
                  5805 BLUE LAGOON DR. 310  
City-State-Zip: MIAMI FL 33126

Title            SECRETARY  
Name            ARTRECHES, ZAHILIS A  
Address        C/O FIRSTSERVICE RESIDENTIAL  
                  5805 BLUE LAGOON DRIVE 310  
City-State-Zip: MIAMI FL 33126

Title            TREASURER  
Name            ORELLANA, SORAYA  
Address        C/O FIRSTSERVICE RESIDENTIAL  
                  5805 BLUE LAGOON DRIVE 310  
City-State-Zip: MIAMI FL 33126

Title            ASSISTANT SECRETARY  
Name            GARCIA, YAHAIRA  
Address        C/O FIRSTSERVICE RESIDENTIAL  
                  5805 BLUE LAGOON DRIVE 310  
City-State-Zip: MIAMI FL 33126

*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:** SAENS DORCELY

**PRESIDENT**

**01/16/2018**

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

\_\_\_\_\_  
Date