# DOCUMENT# N05000010231

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

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### **Current Principal Place of Business:**

FIRST SERVICE RESIDENTIAL 5805 BLUE LAGOON DRIVE SUITE 310 310 MIAMI, FL 33126

## **Current Mailing Address:**

FIRST SERVICE RESIDENTIAL 5805 BLUE LAGOON DRIVE SUITE 310 310 MIAMI, FL 33126 US

## FEI Number: 20-3617680

#### 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

# Officer/Director Detail :

Title	PRESIDENT	Title	VP	
Name	DORCELY, SAENS	Name	CHARLES, LINUS	
Address	171 NE 36 AVE	Address	3648 NE 1 ST	
City-State-Zip:	HOMESTEAD FL 33033	City-State-Zip:	HOMESTEAD FL 33033	
Title	SECRETARY	Title	TREASURER	
Name	FINGOS, THOMAS III	Name	CAMACHO, ZAHILIS A	
Address	3616 NE 1 ST	Address	202 NE 36 AVE RD	
City-State-Zip:	HOMESTEAD FL 33033	City-State-Zip:	HOMESTEAD FL 33033	
Title	ASST. SECRETARY			
Name	OROZCO, ISMAEL			
Address	216 NE 36 AVE RD			

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.

PRESIDENT

#### SIGNATURE: SAENS DORCELY

City-State-Zip: HOMESTEAD FL 33033

Electronic Signature of Signing Officer/Director Detail

# FILED Apr 07, 2015 Secretary of State CC6442357354

Certificate of Status Desired: No

Date