

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001565

FILED  
Apr 23, 2010  
Secretary of State

**Entity Name:** THE OASIS AT NAPLES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2110 ARBOUR WALK CIRCLE  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

2110 ARBOUR WALK CIRCLE  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** 20-4322814

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHN C. GOODE, PA  
9915 TAMiami TRAIL N., STE 1  
NAPLES, FL 34108 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CABRERIZO, TOMAS  
Address: 6351 SUNSET DR.  
City-St-Zip: MIAMI, FL 33143

Title: DVS  
Name: FUENTES, IVAN  
Address: 6351 SUNSET DR  
City-St-Zip: MIAMI, FL 34143

Title: DT  
Name: FUENTES, IVAN  
Address: 6351 SUNSET DR.  
City-St-Zip: MIAMI, FL 33143

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: IVAN FUENTES

DT

04/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date