

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731850

Entity Name: OASIS - A CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 14, 2023
Secretary of State
9376052258CC

Current Principal Place of Business:

C/O FIRST SERVICE RESIDENTIAL
5200 BLUE LAGOON DRIVE 1000
MIAMI, FL 33126

Current Mailing Address:

C/O FIRST SERVICE RESIDENTIAL
5200 BLUE LAGOON DRIVE 1000
MIAMI, FL 33126 US

FEI Number: 59-1654125

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRIAIY, CARLOS A
3750 NW 87TH AVE #100
MIAMI, FL 33178 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 TREASURER
Name PROENZA, SUSANA
Address C/O FIRST SERVICE RESIDENTIAL
 5200 BLUE LAGOON DRIVE 1000
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name CARON, JOAN
Address C/O FIRST SERVICE RESIDENTIAL
 5200 BLUE LAGOON DRIVE 1000
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name CORRADINE, MARIA CLAUDIA
Address C/O FIRST SERVICE RESIDENTIAL
 5200 BLUE LAGOON DRIVE 1000
City-State-Zip: MIAMI FL 33126

Title SECRETARY
Name ENFIELD, JENNIFER
Address C/O FIRST SERVICE RESIDENTIAL
 5200 BLUE LAGOON DRIVE 1000
City-State-Zip: MIAMI FL 33126

Title VP
Name GRUSHNYS, THOMAS
Address C/O FIRST SERVICE RESIDENTIAL
 5200 BLUE LAGOON DRIVE 1000
City-State-Zip: MIAMI FL 33126

Title PRESIDENT
Name SAMPEDRO, HORTENSIA
Address C/O FIRST SERVICE RESIDENTIAL
 5200 BLUE LAGOON DR 1000
City-State-Zip: MIAMI FL 33126

Title DIRECTOR
Name ILIFFE, NANCY
Address C/O FIRST SERVICE RESIDENTIAL
 5200 BLUE LAGOON DRIVE 1000
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: HORTENSIA SAMPEDRO

PRESIDENT

03/14/2023

Electronic Signature of Signing Officer/Director Detail

Date