

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N08000001802

Entity Name: OASIS FT. MYERS MASTER ASSOCIATION, INC.

Current Principal Place of Business:

3040 OASIS GRAND BOULEVARD
3RD FLOOR ADMINISTRATION OFFICE
FORT MYERS, FL 33916

Current Mailing Address:

3040 OASIS GRAND BOULEVARD
3RD FLOOR ADMINISTRATION OFFICE
FORT MYERS, FL 33916 US

FEI Number: 26-2201607

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: NRAI

08/11/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MORLEY, NEIL J
Address 84 CHAIN LAKE DRIVE
 SUITE 500
City-State-Zip: HALIFAX NS B3S1A2

Title TREASURER
Name DARROW, STEVEN
Address 84 CHAIN LAKE DRIVE
 SUITE 500
City-State-Zip: HALIFAX NS B3S1A2

Title DIRECTOR
Name ARMOYAN, GEORGE
Address 84 CHAIN LAKE DRIVE
 SUITE 500
City-State-Zip: HALIFAX NS B3S 1A2

Title SECRETARY
Name LAING, GORDON
Address 1475 LOWER WATER STREET
 100
City-State-Zip: HALIFAX B3J3Z2

Title VP
Name BORMES, DAVE
Address 3040 OASIS GRAND BLVD.
 3RD FLOOR ADMIN. OFFICE
City-State-Zip: FORT MYERS FL 33916

Title DIRECTOR
Name PETERSON, CRAIG
Address 3040 OASIS GRAND BLVD.
 3RD FLOOR ADMIN. OFFICE
City-State-Zip: FORT MYERS FL 33916

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: GORDON LAING

SECRETARY

08/11/2015

Electronic Signature of Signing Officer/Director Detail

Date