

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000009558

**Entity Name:** CENTRO DE ALABANZA OASIS WEST PALM BEACH,  
INCORPORATED

**FILED**  
**Apr 21, 2016**  
**Secretary of State**  
**CC3033241504**

**Current Principal Place of Business:**

5312 BROADWAY  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

5836 WESTFALL ROAD  
LAKE WORTH, FL 33463 US

**FEI Number: 47-2089038**

**Certificate of Status Desired: Yes**

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

POVEDA, GALO E SR.  
5836 WESTFALL ROAD  
LAKE WORTH, FL 33463 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 P  
Name POVEDA, GALO E  
Address 5836 WESTFALL ROAD  
City-State-Zip: LAKE WORTH FL 33463

Title VP  
Name MENDOZA, ROXANA I  
Address 949 PIPERS CAY DRIVE  
City-State-Zip: WEST PALM BEACH FL 33415

Title SECR  
Name POVEDA, LAURA P  
Address 4215 NAPOLI LAKE DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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: GALO E. POVEDA SR.

PRESIDENT

04/21/2016

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

\_\_\_\_\_  
Date