

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 812291

**Entity Name:** THE OASIS OF NURMI ISLES, INC.

**Current Principal Place of Business:**

180 ISLE OF VENICE  
FT LAUDERDALE, FL 33301

**Current Mailing Address:**

180 ISLE OF VENICE  
OFFICE  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 59-0822401

**Certificate of Status Desired:** No

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

ESLER & LINDIE, P.A.  
400 SE 6TH STREET  
FORT LAUDERDALE, FL 33301 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:** SCOTT B. ROBERTS

04/17/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PECK, PATRICK  
Address        180 ISLE OF VENICE DRIVE  
                  102  
City-State-Zip: FT. LAUDERDALE FL 33301

Title            VICE-PRESIDENT  
Name            PERRY, CRAIG  
Address        180 ISLE OF VENICE DRIVE  
                  222  
City-State-Zip: FT. LAUDERDALE FL 33301

Title            TREASURER  
Name            ORION, LOUISE  
Address        2003 ROSE STREET  
City-State-Zip: BERKELEY CA 94709

Title            MGR  
Name            ROBERTS, SCOTT B.  
Address        3837 HOLLYWOOD BLVD.  
                  SUITE A  
City-State-Zip: HOLLYWOOD FL 33021

Title            SECRETARY  
Name            BURKE, SEAN  
Address        180 ISLE OF VENICE  
                  434  
City-State-Zip: FORT LAUDERDALE FL 33301

Title            DIRECTOR  
Name            BAY, TINE  
Address        180 ISLE OF VENICE  
                  223  
City-State-Zip: FT LAUDERDALE FL 33301

Title            DIRECTOR  
Name            ROGERS, DAVID  
Address        15 CHAPIN CIRCLE  
City-State-Zip: MYRTLE BEACH SC 29572

Title            DIRECTOR  
Name            MULLEN, PATRICK  
Address        180 ISLE OF VENICE  
                  104  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** SCOTT B. ROBERTS

MANAGR

04/17/2023

Electronic Signature of Signing Officer/Director Detail

Date