

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 751023
 1. Entity Name
VILLA BAY VISTA OWNERS' ASSOCIATION, INC.



FILED

05 MAR 24 02:28-2005 90192 025 ****61.25
 HITT-43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**2016 BAY DRIVE
 MIAMI BEACH, FL**

Mailing Address
**1380 NE MIAMI GARDENS DR
 #125
 N MIAMI, FL 33179**



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01042005 No Chg-NP CR2E037 (10/03) *OS*

4. FEI Number 00-0000000 05-0771050	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**EISINGER, DENNIS ESQUIRE
 4000 HOLLYWOOD BLVD
 SUITE 285, SOUTH
 HOLLYWOOD, FL 33021**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	MALLET, CLEON
STREET ADDRESS	2016 BAY DR #508 BLVD
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	VP
NAME	MCNEFF, STEVEN
STREET ADDRESS	2016 BAY DR #508 BLVD
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	S
NAME	PAZ, NATALIA
STREET ADDRESS	2016 BAY DR #508 BLVD
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	Y
NAME	RIVERA, JOSE
STREET ADDRESS	2016 BAY DR #508 BLVD
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **CLEON MALLET PRESIDENT** *2/8/2005* *305-924-4200*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #