


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90017 031 ****61.25

DOCUMENT # N16383

1. Entity Name
VISTA ALEGRE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**VISTA ALEGRE
 5525 W 26 COURT #104
 HIALEAH, FL 33016 US**

Mailing Address
**C/O UNLIMITED MANAGEMENT
 P O BOX 440067
 MIAMI, FL 33144 US**

54032720



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
**40 SUN CITY CONDO SOLUTIONS, INC.
 Suite, Apt. #, etc.
**P.O. BOX 526342
 MIAMI, FL
 33152 U.S.****

01292004 Chg-NP CR2E037 (10/03)

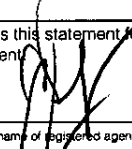
6. Name and Address of Current Registered Agent
**HERNANDEZ, LUIS
 11890 SW 8 ST., STE 100
 MIAMI, FL 33184**

7. Name and Address of New Registered Agent
 Name **CARLOS SERRANO-PINO**
 Street Address (P.O. Box Number is Not Acceptable)
1301 N.W. 89 CT. SUITE 203
 City **MIAMI** FL Zip Code **33152**

4. FEI Number
65-0275527

Applied For
 Not Applicable

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  **CARLOS SERRANO-PINO** DATE **4/08/04**

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

Filing Fee is **\$61.25** Due by **May 1, 2004**

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

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GONZALEZ, JULIO 5525 W 26 CT 104 HIALEAH, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MATIENSO, XIOMARA 5580 WEST 26 COURT #104 HIALEAH, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEON, MERCY 5580 W 26 CT 212 HIALEAH, FL 33016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, ANTHONY 5530 W 26 CT 102 HIALEAH, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEREZ, RAUL 5580 WEST 26 COURT 105 HIALEAH, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GONZALEZ, JULIO 5525 W. 26 CT 104 HIALEAH, FL. 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MATIENZO XIOMARA 5580 W. 26 CT # 104 HIALEAH, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. ARMANDO PRATTS 5525 W. 26 CT # 106 HIALEAH, FL. 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **ANTHONY HERNANDEZ** DATE **4/08/04** (305) 406 1325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #