

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90184 023 \*\*\*\*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 SUN CITY CONDO SOLUTIONS, INC  
 P O BOX 526342  
 MIAMI FL 33152  
 US

30023728



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0275527

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SERRANO PINO, CARLOS  
 1301 NW 89 CT  
 STE 203  
 MIAMI FL 33152

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/04/05

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
SD	GONZALEZ, JULIO	5525 W 26 CT 104	HIALEAH FL 33016	<input type="checkbox"/>
DV	MATIENSO, XIOMARA	5580 WEST 26 COURT #104	HIALEAH FL 33016	<input type="checkbox"/>
V	PRATTS, ARMANDO	5525 W 26 CT # 106	HIALEAH FL 33016	<input type="checkbox"/>
PD	HERNANDEZ, ANTHONY	5530 W 26 CT 102	HIALEAH FL 33016	<input type="checkbox"/>
TD	PEREZ, RAUL	5580 WEST 26 COURT 105	HIALEAH FL 33016	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
SD	GONZALEZ JULIO	1301 NW 89 CT SUITE 203	MIAMI, FL. 33172	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DV	MATIENZO XIOMARA	1301 NW. 89 CT SUITE 203	MIAMI, FL. 33172	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	ARMANDO PRATTS	1301 NW 89 CT. SUITE 203	MIAMI, FL. 33172	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P. D.	HERNANDEZ ANTHONY	1301 NW. 89 CT SUITE 203	MIAMI, FL. 33172	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	PEREZ RAUL	1301 NW. 89 CT SUITE 203	MIAMI, FL. 33172	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Handwritten Signature]*

3/4/05