
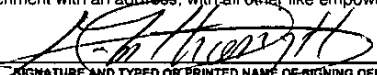


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90347 030 \*\*\*\*61.25

<b>DOCUMENT # N16383</b>					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0275527	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, JULIO			NAME	
STREET ADDRESS	1301 NW 19 CT STE 03			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33172			CITY-ST-ZIP	
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATIENSO, XIOMARA			NAME	
STREET ADDRESS	1301 NW 89CT STE 203			STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33016			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATTS, ARMANDO			NAME	
STREET ADDRESS	1301 NW 89CT STE 203			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33172			CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, ANTHONY			NAME	
STREET ADDRESS	1301 NW 89 CT STE 203			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33172			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, RAUL			NAME	
STREET ADDRESS	1301 NW 89 CT STE 203			STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33016			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				Date: 4-10-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	
				<small>Daytime Phone #</small>	