
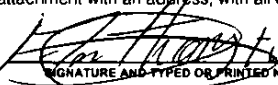


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90042 017 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04012008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0275527 <input type="checkbox"/> Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	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	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 checked="" type="checkbox"/> Addition
NAME			NAME	DR. ANDRES MERCADO	
STREET ADDRESS			STREET ADDRESS	1301 NW 89 CT SUITE 203	
CITY-ST-ZIP			CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE		<input type="checkbox"/> Delete	TITLE	DR. JOSE SALAZAR	<input checked="" type="checkbox"/> Addition
NAME			NAME	1301 NW 89 CT SUITE 203	
STREET ADDRESS			STREET ADDRESS	HIALEAH, FL 33016	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
NAME			NAME		<input type="checkbox"/> Addition
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: 		President		4/14/08 305 406-1325	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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