

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16383

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** VISTA ALEGRE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

VISTA ALEGRE  
5525 W 26 COURT #104  
HIALEAH, FL 33016 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SUN CITY CONDO SOLUTIONS, INC  
P O BOX 526342  
MIAMI, FL 33152 US

**New Mailing Address:**

**FEI Number:** 65-0275527      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: GONZALEZ, JULIO  
Address: 1301 NW 19 CT STE 03  
City-St-Zip: MIAMI, FL 33172

Title: PD ( ) Delete  
Name: HERNANDEZ, ANTHONY  
Address: 1301 NW 89 CT STE 203  
City-St-Zip: MIAMI, FL 33172

Title: TD ( ) Delete  
Name: PEREZ, RAUL  
Address: 1301 NW 89 CT STE 203  
City-St-Zip: HIALEAH, FL 33016

Title: DR ( ) Delete  
Name: MERCADO, ANDRES  
Address: 1301 NW 89 CT, STE. 203  
City-St-Zip: HIALEAH, FL 33016

Title: DR ( ) Delete  
Name: SALAZAR, JOSE  
Address: 1301 NW 89 CT, STE. 203  
City-St-Zip: HIALEAH, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY HERNANDEZ

PD

03/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date