


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90476 010 ****61.25

DOCUMENT # N98000005993

1. Entity Name
VISTA DEL LAGO I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**900 W 49 ST
 HIALEAH, FL 33012**

Mailing Address
**900 W 49 ST
 HIALEAH, FL 33012**

2. Principal Place of Business
7953 NW 53 ST

3. Mailing Address
7953 NW 53 ST


Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip
33166 Country
US

Zip
33166 Country
US



04122005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0855922

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DELATORRE, CLEMENTE J
 900 W 49 ST SUITE 220
 HIALEAH, FL 33012**

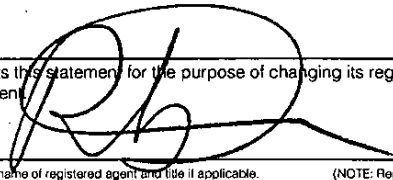
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
7953 NW 53 ST

City
Miami State
FL Zip Code
33166

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 **4/15/05**

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, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	NADER, SANDRA	
STREET ADDRESS	900 W 49 ST 220	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EAGEN, FRANK	
STREET ADDRESS	900 W 49 ST 220	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, LOIS	
STREET ADDRESS	900 W 49 ST., #220	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JAVIER	
STREET ADDRESS	900 W 49 ST., #220	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUGO, NELLY	
STREET ADDRESS	900 W 49 ST., #220	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR