

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005993

FILED
Apr 14, 2009
Secretary of State

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

Current Principal Place of Business:

2150 WEST 68 ST SUITE # 205
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

PO BOX 160310
HIALEAH, FL 33016

New Mailing Address:

FEI Number: 65-0855922

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAGALY, ALVAREZ
9917 W. OKEECHOBEE RD. #4-412
HIALEAH, FL 33016 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: PD () Delete
Name: ALVAREZ, MAGALY
Address: 9917 W. OKEECHOBEE RD # 4-412
City-St-Zip: HIALEAH, FL 33016

Title: TD () Delete
Name: DIAZ, PABLO
Address: 9915 W. OKEECHOBEE RD. #5-204
City-St-Zip: HIALEAH, FL 33016

Title: SD () Delete
Name: DIAZ, DRUCILA
Address: 9911 W. OKEECHOBEE RD. #6-502
City-St-Zip: HIALEAH, FL 33016

Title: D () Delete
Name: NADER, SANDRA
Address: 9917 W. OKEECHOBEE RD # 4-404
City-St-Zip: HIALEAH, FL 33016

Title: D () Delete
Name: ROSAL, LUIS A
Address: 9917 W. OKEECHOBEE RD # 5-206
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: D (X) Change () Addition
Name: ROSAL, LUIS A
Address: 9915 W. OKEECHOBEE RD # 5-206
City-St-Zip: HIALEAH, FL 33016

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: MAGALY ALVAREZ

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date