

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755998

FILED
Jan 16, 2009
Secretary of State

Entity Name: TIERRA VISTA, INC.

Current Principal Place of Business:

11011 SHERIDAN STREET
208
COOPER CITY, FL 33026 US

New Principal Place of Business:

Current Mailing Address:

11011 SHERIDAN STREET
208
COOPER CITY, FL 33026 US

New Mailing Address:

FEI Number: 59-2116629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATLANTIS MANAGEMENT SERVICES, LC
11011 SHERIDAN STREET
208
COOPER CITY, FL 33026 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: D () Delete
Name: BALLAS, PHILLIP
Address: 11011 SHERIDAN STREET SUITE 208
City-St-Zip: COOPER CITY, FL 33026

Title: D () Delete
Name: MINKLEY, AUDREY
Address: 11011 SHERIDAN STREET SUITE 208
City-St-Zip: COOPER CITY, FL 33026

Title: TD () Delete
Name: BELL, JERRY
Address: 11011 SHERIDAN STREET SUITE 208
City-St-Zip: COOPER CITY, FL 33026

Title: SDT () Delete
Name: KERSTON, MARY J
Address: 11011 SHERIDAN STREET SUITE 208
City-St-Zip: COOPER CITY, FL 33026

Title: DP () Delete
Name: WASSERSTROM, MIKE
Address: 11011 SHERIDAN STREET SUITE 208
City-St-Zip: COOPER CITY, FL 33026

Title: VP () Delete
Name: LEDLEY, JOHN
Address: 11011 SHERIDAN STREET SUITE 208
City-St-Zip: COOPER CITY, FL 33026

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:

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: MIKE WASSERSTROM

DP

01/16/2009

Electronic Signature of Signing Officer or Director

Date