



**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90055 007 \*\*\*\*70.00

<b>DOCUMENT # N00000002397</b>					
1. Entity Name VISTA ALEGRE TOWNHOUSES VILLA STAGE V CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 13250 SW 135TH AVENUE MIAMI, FL 33186		Mailing Address 13250 SW 135TH AVENUE MIAMI, FL 33186			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0952056	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> 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	S	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Perez, JERRIE		NAME	SARRIA, JUAN	
STREET ADDRESS	13302 SW 152 STREET #3001		STREET ADDRESS	13318 SW 152 St. # 3207	
CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ABREU, PEDRO	
STREET ADDRESS			STREET ADDRESS	13350 SW 152 St. # 2801	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	RODRIGUEZ, ORLANDO	
STREET ADDRESS			STREET ADDRESS	13350 SW 152 St. # 2803	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
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.					
<b>SIGNATURE:</b> 		Date		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/26/08		315(2788901)	