

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008645

FILED
Apr 19, 2005
Secretary of State

Entity Name: VISTA LAKE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4854 NW 7 STREET #100
MIAMI, FL 33126

New Principal Place of Business:

4854 NW 7 STREET
#100
MIAMI, FL 33126

Current Mailing Address:

4854 NW 7 STREET #100
MIAMI, FL 33126

New Mailing Address:

4854 NW 7 STREET
#100
MIAMI, FL 33126

FEI Number: 65-1158377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALAS, RAUL E ESQ
6333 SUNSET DRIVE
SOUTH MIAMI, FL 33143 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: VAN DYCK, TANYA
Address: 4854 NW 7TH STREET #100
City-St-Zip: MIAMI, FL 33126

Title: VD () Delete
Name: GUTIERREZ, MELANIO S
Address: 4854 NW 7 STREET #100
City-St-Zip: MIAMI, FL 33126

Title: SD () Delete
Name: CUSUMANO, SAVERINO M
Address: 4854 NW 7 STREET #100
City-St-Zip: MIAMI, FL 33126

Title: TD (X) Delete
Name: MUSTELIER, ENRIQUE
Address: 4854 NW 7 STREET #100
City-St-Zip: MIAMI, FL 33126

Title: D (X) Delete
Name: MUSTELIER, MONICA
Address: 4854 NW 7TH STREET # 100
City-St-Zip: MIAMI, FL 33126

Title: D (X) Delete
Name: CAVOLI, NINA M
Address: 4854 NW 7TH STREET # 100
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: CUSUMANO, SAAVERIO
Address: 4854 NW 7 STREET #100
City-St-Zip: MIAMI, FL 33126

Title: TSD (X) Change () Addition
Name: MUSTELIER, MONICA
Address: 4854 NW 7 STREET #100
City-St-Zip: MIAMI, FL 33126

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 for the exemption stated in Section 119.07(3)(i), 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: MONICA MUSTELIER

TSD

04/19/2005

Electronic Signature of Signing Officer or Director

_____ Date