

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 14, 2007
Secretary of State**

DOCUMENT# N01000008645

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:****Current Mailing Address:**4854 NW 7 STREET
#100
MIAMI, FL 33126**New Mailing Address:****FEI Number:** 65-1158377 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**EISINGER, DENNIS P.A.
4000 HOLLYWOOD BLVD
STE 265-S
HOLLYWOOD, FL 33021 US**Name and Address of New Registered Agent:**RODRIGUEZ, JESUS ESQ
6780 CORAL WAY
MIAMI, FL 33155 US

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: JESUS RODRIGUEZ, ESQ.

08/14/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PTD () Delete
Name: MUSTELIER, MONICA
Address: 4854 NW 7TH STREET #100
City-St-Zip: MIAMI, FL 33126**Title:** SD () Delete
Name: MUSTELIER, EDYD X
Address: 4854 NW 7 STREET #100
City-St-Zip: MIAMI, FL 33126**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VD (X) Change () Addition
Name: CADRECHE, ANA
Address: 4854 NW 7 STREET #100
City-St-Zip: MIAMI, FL 33126**Title:** SD () Change (X) Addition
Name: MUSTELIER, EDYD X
Address: 4854 NW 7 STREET #100
City-St-Zip: MIAMI, FL 33126

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: MONICA MUSTELIER

PTD

08/14/2007

Electronic Signature of Signing Officer or Director

Date