

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90746 042 ****61.25

DOCUMENT # N03000003928					
1. Entity Name VISTA DEL MAR CONDOMINIUM ASSOCIATION OF MB, INC.					
Principal Place of Business 1971-1985 BAY DR MIAMI BEACH, FL 33141			Mailing Address 1971-1985 BAY DR MIAMI BEACH, FL 33141		
2. Principal Place of Business		3. Mailing Address 8201 BYRON AVE.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Apt. # 207			
City & State		City & State MIAMI BEACH, FL		4. FEI Number 35-2204884	
Zip		Zip 33141		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.					
6. Name and Address of Current Registered Agent ZARETSKY, LOUIS D ESQ 555 NE 15 ST STE 100 MIAMI, FL 33132			7. Name and Address of New Registered Agent Name: MAURILIA M. REGO Street Address (P.O. Box Number is Not Acceptable): 1545 - 71ST STREET City: MIAMI BEACH FL Zip Code: 33141		
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: <i>Maurilia M. Rego, Treasurer</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE: 04-30-04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 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 NAME STREET ADDRESS CITY-ST-ZIP	PD RENIER, ANNA 1971-1985 BAY DR MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRISTIN VILLASUSO 1971 BAY DR, Apt. # 9 MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DAYOUB, ROB 1971-1985 BAY DR MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAURILIA M. REGO 1545 - 71ST ST. MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAMIREZ, LUIS 1971-1985 BAY DR MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEPHANIE SEIBERT 1971 BAY DR. APT. #10 MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
SIGNATURE: <i>Maurilia M. Rego, Treasurer</i> 4/30/04 305-865896 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					