
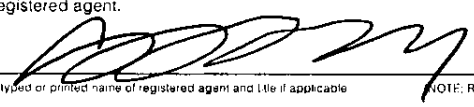
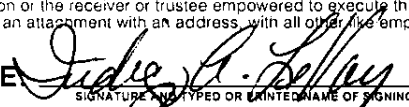


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90095 045 ****61.25

DOCUMENT # N05000001846 1. Entity Name VISTA TRACE 3 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134			Mailing Address 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134 <i>c/o Miami Management</i>		
2. Principal Place of Business - No P.O. Box # 1570 SW 154 Ave		3. Mailing Address 14275 SW 142 Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Homestead FL		City & State Miami FL		4. FEI Number 20-4085441	
Zip 33033		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33186		Country USA		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, L.L.C. 100 SOUTH EAST SECOND STREET, 29TH FLOOR MIAMI, FL 33131-2130				7. Name and Address of New Registered Agent Name Carlos Triay Street Address (P.O. Box Number is Not Acceptable) 3750 NW 87 Ave Suite 100 City Miami FL Zip Code 3378	
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</small>				DATE 5/10/07 <small>NOTE: Registered Agent signature required when reinstating</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <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 ADAMS, BRUCE 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Indigo LeVay (President) 14275 SW 142 Ave Miami FL 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHANNON, KARR 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer John Rayfor P.O. Box 900494 Homestead, FL 33090	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREENBERG, KIM 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134	<input checked="" 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
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 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.					
SIGNATURE  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # _____		

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03232007 Chg-NP CR2E037 (12/06)