
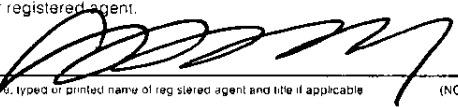
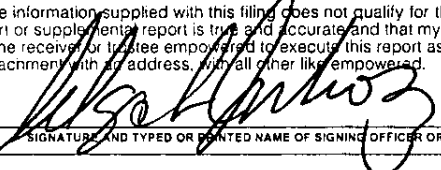


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-14-2007 90095 044 ****61.25

DOCUMENT # N05000001847 1. Entity Name VISTA TRACE 4 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		
2. Principal Place of Business - No P.O. Box # 15460 SW 284 Street			3. Mailing Address 14275 SW 142 Ave		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Homestead FL			City & State Miami FL		
Zip 33033			Zip 33186		
Country USA			Country USA		
4. FEI Number 20-4085488				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, L.L.C 100 SOUTHEAST SECOND STREET 29TH FLOOR MIAMI, FL 33131-2130			7. Name and Address of New Registered Agent Name Carlos A Triay Street Address (P.O. Box Number is Not Acceptable) 3750 NW 87 Ave Suite #100 City Miam FL Zip Code 33178		
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					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD ADAMS, BRUCE 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Eduardo Juliao 14275 SW 284 Street Miami FL 33186	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD SHANNON, KARR 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Alba Favier 14275 SW 284 Street Miami FL 33186	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD GREENBERG, KIM 2121 PONCE DE LEON BLVD., PH CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Juan Carlos Florez 15460 SW 284 Street Homestead FL	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete				
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 # _____					

40113307



03232007 Chg-NP CR2E037 (12/06)