## 2007 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**



DOCUMENT # N05000001852

1. Entity Name
VISTA TRACE 5 CONDOMINIUM ASSOCIATION, INC.

2121 PONCE DE LEON BLVD PH 212			Mailing Address 2121 PONCE DE LEON BLVD PH CORAL GABLES, FL 33134		181 HA III HA III 05700 (	<b>85/8</b> ( 11 <b>88</b> ) 1814 BYIN SI	1   1     1	
Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03262007 CH	ng-NP CF	R2E037 (12/06)		
City & State		City & State		4. FEI Number APPLIED FO	OR .	<del> </del>	plied For at Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta		Fee Require	litional d	
	6. Name and Address of Current R	legistered Agent		7. Name and Add	ress of New Regist	ered Agent		
REGISTERED AGENTS OF FLORIDA, LLC		c	Name					
100 SE SECOND STREET 29TH FLOOR MIAMI, FL 33131-2130			Street Addres		ss (P.O. Box Number is Not Acceptable)			
	્રાપ્ટ ક્રે.		City			FL Zip Code		
	named entity submits this statement for	the purpose of changing its r	egistered office or req	gistered agent, or both, in	the State of Florida.	I am familiar with,	and accept	
the obligat	ions of registered agent.							
SIGNATURE .	Signature, lyped or grinted name of registered agent as	nd title if applicable (NOTE.	Registered Agent signature re	equired when reinstating)		DATÉ		
	Filing Fee is \$61.25 Due by May 1, 2007							
		9. Election Cam Trust Fund Co		\$5.00 May Be Added to Fees		check payable to Department of Si		
10.	Due by May 1, 2007 OFFICERS AND DIR	Trust Fund Co		\$5.00 May Be Added to Fees ADDITIONS/CHANG	Florida E	Department of St	tate	
TITLE	Due by May 1, 2007  OFFICERS AND DIR PD	Trust Fund Co	11.	Added to Fees	Florida E	Department of St	tate	
FITLE NAME	OFFICERS AND DIR PD ADAMS, BRUCE	Trust Fund Co	ntribution.	Added to Fees	Florida E	Department of SI	tate	
NAME STREET ADDRESS	OFFICERS AND DIR PD ADAMS, BRUCE 2121 PONCE DE LEON BLVD PH	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida E	Department of SI	tate	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	PD ADAMS, BRUCE 2121 PONCE DE LEON BLVD PH CORAL GABLES, FL 33134	Trust Fund Co	11. TILE NAME STREET ADDRESS CITY-SI-ZIP	Added to Fees	Florida E	Department of SIND DIRECTORS IN	10 Addition	
HILE NAME STREET ADDRESS CITY-S1-ZIP	PD ADAMS, BRUCE 2121 PONCE DE LEON BLVD PH CORAL GABLES, FL 33134 VD	Trust Fund Co	11. TILE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Added to Fees	Florida E	Department of SI	tate	
MILE NAME STREET ADDRESS CITY-SI-ZIP MILE NAME	PD ADAMS, BRUCE 2121 PONCE DE LEON BLVD PH CORAL GABLES, FL 33134 VD SHANNON, KARR	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	Added to Fees	Florida E	Department of SIND DIRECTORS IN	10 Addition	
HILE NAME SIREE! ADDRESS CITY-SI-ZIP HILE NAME STREEL ADDRESS	OFFICERS AND DIR  PD  ADAMS, BRUCE 2121 PONCE DE LEON BLVD PH CORAL GABLES, FL 33134  VD  SHANNON, KARR 2121 PONCE DE LEON BLVD PH	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florida E	Department of SIND DIRECTORS IN	10 Addition	
FILE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007  OFFICERS AND DIR  PD ADAMS, BRUCE 2121 PONCE DE LEON BLVD PH CORAL GABLES, FL 33134  VD SHANNON, KARR 2121 PONCE DE LEON BLVD PH CORAL GABLES, FL 33134	Trust Fund Co	11. TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Florida E	Department of SI  ND DIRECTORS IN Change Change	i 10 Addition Addition	
FILE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIR  PD ADAMS, BRUCE 2121 PONCE DE LEON BLVD PH CORAL GABLES, FL 33134  VD SHANNON, KARR 2121 PONCE DE LEON BLVD PH CORAL GABLES, FL 33134  STD	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	Florida E	Department of SIND DIRECTORS IN	10 Addition	
HILE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2007  OFFICERS AND DIR  PD ADAMS, BRUCE 2121 PONCE DE LEON BLVD PH CORAL GABLES, FL 33134  VD SHANNON, KARR 2121 PONCE DE LEON BLVD PH CORAL GABLES, FL 33134  STD GREENBERG, KIM	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	Added to Fees	Florida E	Department of SI  ND DIRECTORS IN Change Change	1 10 Addition	
NITLE NAME STREET ADDRESS CITY-ST-ZIP THEE NAME STREET ADDRESS CITY-ST-ZIP THEE NAME STREET ADDRESS	Due by May 1, 2007  OFFICERS AND DIR  PD ADAMS, BRUCE 2121 PONCE DE LEON BLVD PH CORAL GABLES, FL 33134  VD SHANNON, KARR 2121 PONCE DE LEON BLVD PH CORAL GABLES, FL 33134  STD GREENBERG, KIM 2121 PONCE DE LEON BLVD PH	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	Florida E	Department of SI  ND DIRECTORS IN Change Change	i 10 Addition Addition	
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HILE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP HILE NAML STREET ADDRESS CITY-ST-ZIP HILE NAML STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007  OFFICERS AND DIR  PD ADAMS, BRUCE 2121 PONCE DE LEON BLVD PH CORAL GABLES, FL 33134  VD SHANNON, KARR 2121 PONCE DE LEON BLVD PH CORAL GABLES, FL 33134  STD GREENBERG, KIM 2121 PONCE DE LEON BLVD PH	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florida E	Department of SI  ND DIRECTORS IN Change Change	1 10 Addition	
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HILE NAME STREET ADDRESS CITY-S1-ZIP HILE	Due by May 1, 2007  OFFICERS AND DIR  PD ADAMS, BRUCE 2121 PONCE DE LEON BLVD PH CORAL GABLES, FL 33134  VD SHANNON, KARR 2121 PONCE DE LEON BLVD PH CORAL GABLES, FL 33134  STD GREENBERG, KIM 2121 PONCE DE LEON BLVD PH	Trust Fund Co	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	Florida E	Department of SI  ND DIRECTORS IN Change Change Change	Addition  Addition  Addition	
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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 ectiver 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 attagment with an address with all other life empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

PO NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED** 

Apr 11, 2007 8:00 am Secretary of State

04-11-2007 90037 034 \*\*\*\*61.25