

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 21, 2007**  
**Secretary of State**

DOCUMENT# N05000001852

**Entity Name:** VISTA TRACE 5 CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**2121 PONCE DE LEON BLVD PH  
CORAL GABLES, FL 33134**New Principal Place of Business:**14275 SW 142 AVE  
C/O MIAMI MANAGEMENT, INC.  
MIAMI, FL 33186**Current Mailing Address:**2121 PONCE DE LEON BLVD PH  
CORAL GABLES, FL 33134**New Mailing Address:**14275 SW 142 AVE  
C/O MIAMI MANAGEMENT  
MIAMI, FL 33186**FEI Number:** 20-4085625**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**REGISTERED AGENTS OF FLORIDA, LLC  
100 SE SECOND STREET 29TH FLOOR  
MIAMI, FL 331312130 US**Name and Address of New Registered Agent:**CARLOS TRIAY, P.A.  
3750 NW 87 AVE  
SUITE 100  
DORAL, FL 33178 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: CARLOS TRIAY, P.A.

06/21/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ADAMS, BRUCE  
Address: 2121 PONCE DE LEON BLVD PH  
City-St-Zip: CORAL GABLES, FL 33134

Title: VD ( ) Delete  
Name: SHANNON, KARR  
Address: 2121 PONCE DE LEON BLVD PH  
City-St-Zip: CORAL GABLES, FL 33134

Title: STD (X) Delete  
Name: GREENBERG, KIM  
Address: 2121 PONCE DE LEON BLVD PH  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GALLARDO, CATHY  
Address: 14275 SW 142 AVE  
City-St-Zip: MIAMI, FL 33186

Title: VD (X) Change ( ) Addition  
Name: OROZCO, RAQUEL  
Address: 14275 SW 142 AVE  
City-St-Zip: MIAMI, FL 33186

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CATHY GALLARDO

PD

06/21/2007

Electronic Signature of Signing Officer or Director

Date