

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N05000001852

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Entity Name:** VISTA TRACE 5 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

14275 SW 142 AVE  
C/O MIAMI MANAGEMENT, INC.  
MIAMI, FL 33186

**New Principal Place of Business:**

5805 BLUE LAGOON DR SUITE 310  
C/O THE CONTINENTAL GROUP, INC  
MIAMI, FL 33126

**Current Mailing Address:**

14275 SW 142 AVE  
C/O MIAMI MANAGEMENT  
MIAMI, FL 33186

**New Mailing Address:**

5805 BLUE LAGOON DR SUITE 310  
C/O THE CONTINENTAL GROUP, INC  
MIAMI, FL 33126

**FEI Number:** 20-4085625

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASSOCIATION LAW GROUP  
1666 KENNEDY CAUSEWAY #305  
NORTH BAY VILLAGE, FL 33141 US

**Name and Address of New Registered Agent:**

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:** ASSOCIATION LAW GROUP

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** GALLARDO, CATHY  
**Address:** 15400 SW 284 ST  
**City-St-Zip:** MIAMI, FL 33033

**Title:** TD  
**Name:** POLIAKOVA, ANNA  
**Address:** 15400 SW 284 ST  
**City-St-Zip:** MIAMI, FL 33033

I hereby 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 all other like empowered.

**SIGNATURE:** CATHY GALLARDO

PD

02/25/2011

Electronic Signature of Signing Officer or Director

Date