


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90208 009 ****61.25

DOCUMENT # N05000001853 1. Entity Name VISTA TRACE 6 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 # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																															
City & State		City & State		4. FEI Number 20-4085698																																																																																																													
Zip		Country		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 LLC 100 SE SECOND STREET 29TH FLOOR MIAMI, FL 33131-2130				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																													
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 (NOTE: Registered Agent signature required when reinstating) DATE</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																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD ADAMS, BRUCE</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>2121 PONCE DE LEON BLVD PH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD SHANNON, KARR</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>2121 PONCE DE LEON BLVD PH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD GREENBERG, KIM</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>2121 PONCE DE LEON BLVD PH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PRESIDENT GERSON ESQUERA</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>15430 SW 284 ST APT 206</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>HOMESTEAD, FL, 33033</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD ADAMS, BRUCE	<input type="checkbox"/> Delete	NAME	2121 PONCE DE LEON BLVD PH		STREET ADDRESS	CORAL GABLES, FL 33134		CITY-STATE-ZIP			TITLE	VD SHANNON, KARR	<input type="checkbox"/> Delete	NAME	2121 PONCE DE LEON BLVD PH		STREET ADDRESS	CORAL GABLES, FL 33134		CITY-STATE-ZIP			TITLE	STD GREENBERG, KIM	<input type="checkbox"/> Delete	NAME	2121 PONCE DE LEON BLVD PH		STREET ADDRESS	CORAL GABLES, FL 33134		CITY-STATE-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE	PRESIDENT GERSON ESQUERA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	15430 SW 284 ST APT 206		STREET ADDRESS	HOMESTEAD, FL, 33033		CITY-STATE-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-STATE-ZIP		
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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 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>																																																																																																																	
<small>Date Daytime Phone #</small>																																																																																																																	