2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 21, 2007
Secretary of State

DOCUMENT# N05000001853

Entity Name: VISTA TRACE 6 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, INC.
MIAMI, FL 33186

FEI Number: 20-4085698 **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 (X) 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

Title: P (X) Delete
Name: GEASON, ESQUERE
Address: 15430 SW 234 STREET #206
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: GERSON ESQUERE PD 06/21/2007
Electronic Signature of Signing Officer or Director Date