

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001853

FILED
Apr 07, 2009
Secretary of State

Entity Name: VISTA TRACE 6 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

15430 SW 284 ST
HOMESTEAD, FL 33030

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

14275 SW 142 AVE
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:

CARLOS TRIAY, P.A.
3750 NW 87 AVE
SUITE 100
DORAL, FL 33178 US

Name and Address of New Registered Agent:

CARLOS TRIAY, P.A.
2301 NW 87 AVE
501
DORAL, FL 33172 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

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DELAMETER, DARREL
Address: 14275 SW 142 AVE
City-St-Zip: MIAMI, FL 33186

Title: T () Delete
Name: JULIAO, TERESA
Address: 14275 SW 142 AVE
City-St-Zip: MIAMI, FL 33186

Title: S (X) Delete
Name: WINTERODE, NADINE
Address: 14275 SW 142 AVE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: NADINE, WINTERROD
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:

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: NADINE WINTERROD

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date