

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90028 047 ****61.25

DOCUMENT # N05000001856 1. Entity Name VISTA TRACE 8 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 # c/o Miami Management Suite, Apt. #, etc. 14275 SW 140 AVE City & State MIAMI FL Zip 33186		3. Mailing Address c/o Miami Management Suite, Apt. #, etc. 14275 SW 140 AVE City & State MIAMI FL Zip 33186	
4. FEI Number 20-4085847		Applied For <input type="checkbox"/> Not Applicable	
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 CARLOS TRIAY, P.A. Street Address (P.O. Box Number is Not Acceptable) 3750 NW 87 AVE #100 City DORA State FL Zip Code 33178	
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)</small>		DATE 1/4/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, BRUCE 2121 PONCE DE LEON BLVD PH CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Samantha Cuchet 15410 SW 284 St #8207 Homestead, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHANNON, KARR 2121 PONCE DE LEON BLVD PH CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Sonia Young-Hernandez 15410 SW 284 St #8205 Homestead, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GREENBERG, KIM 2121 PONCE DE LEON BLVD PH CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Nubia Olaya 15410 SW 284 St. #8303 Homestead, FL 33033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>		Date _____ Daytime Phone # _____	