

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001856

FILED
Apr 07, 2009
Secretary of State

Entity Name: VISTA TRACE 8 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O MIAMI MGMT
14275 SW 140 AVE
MIAMI, FL 33186

New Principal Place of Business:

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

Current Mailing Address:

C/O MIAMI MGMT
14275 SW 140 AVE
MIAMI, FL 33186

New Mailing Address:

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

FEI Number: 20-4085847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIAY, CARLOS PA
3750 NW 87 AVE 100
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

TRIAY, CARLOS PA
2301 NW 87 AVE
501
MIAMI, 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: PD () Delete
Name: CUCHET, SAMANTHA
Address: 15410 SW 284 ST 8207
City-St-Zip: HOMESTEAD, FL 33033

Title: TD () Delete
Name: YOUNG-HERNADEZ, SONIA
Address: 115410 SW 284 S 8205
City-St-Zip: HOMESTEAD, FL 33033

Title: SD (X) Delete
Name: OLAYA, NUBIA
Address: 15410 SW 284 ST 8303
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: OLAYA, NUBIA
Address: 14275 SW 142 AVE
City-St-Zip: MIAMI, FL 33186

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: SAMANTHA CUCHET

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date