2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011983

FILED Apr 07, 2009 Secretary of State

Entity Name: RESIDENCES AT VISTA TRACE MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O MIAMI MANAGEMENT C/O MIAMI MANAGEMENT 14275 SE 140 AVE 14275 SW 142 AVE MIAMI, FL 33186 MIAMI, FL 33186

Current Mailing Address: New Mailing Address:

C/O MIAMI MANAGEMENT C/O MIAMI MANAGEMENT 14275 SE 140 AVE 14275 SW 142 AVE MIAMI, FL 33186 MIAMI, FL 33186

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRIAY, CARLOS A TRIAY, CARLOS A 3750 NW 87 AVENUE 2301 NW 87 AVE #100 501 DORAL, FL 33178 US 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 A. TRIAY 04/07/2009

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

DP () Delete (X) Change () Addition GARCIA, MARIO MOREJON, JUAN Name: Name:

10691 N KENDALL DR. #304 Address: 14275 SW 142 AVE Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33186

Title: DVP () Delete Title: (X) Change () Addition ONOZCO, RAQUEL Name: TORRES, ESTEBAN Name:

Address: 14275 SW 142 AVE Address: 14275 SW 142 AVE City-St-Zip: MIAMI, FL 33186 City-St-Zip: MIAMI, FL 33186

Title: DS () Delete Title: (X) Change () Addition COCHET, SAMANTHA CUCHET, SAMANTHA Name: Name:

15410 SW 284 ST #8207 14275 SW 142 AVE Address: Address: City-St-Zip: HOMESTEAD, FL City-St-Zip: MIAMI, FL 33186

Title: DT Title: DT (X) Change () Addition () Delete

ELLITON, NASTASSIA Name: SCHULTZ, ANA Name: 15480 SW 284 ST #2303 Address: Address: 14275 SW 142 AVE City-St-Zip: HOMESTEAD, FL City-St-Zip: MIAMI, FL 33186

Title: (X) Delete Title: () Change () Addition

DIAZ, BARBARA Name: Name: 15480 SW 284 ST #2101 Address: Address: City-St-Zip: HOMESTEAD, FL City-St-Zip:

Title: (X) Delete Title: () Change () Addition

DELAMETER, DARRELL Name: Name: Address: 15430 SW 284 ST #6103 Address: HOMESTEAD, FL City-St-Zip: 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: JUAN MOREJON DP 04/07/2009