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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000001249

1. Corporation Name
VISTA FILARE, A COMMUNITY ASSOCIATION, INC.

Principal Place of Business
 7200 N.W. 7TH STREET
 SUITE 300
 MIAMI FL 33126

Mailing Address
 7200 N.W. 7TH STREET
 SUITE 300
 MIAMI FL 33126



2. Principal Place of Business 21 111 Fontainebleau Blvd	2a. Mailing Address 26 111 Fontainebleau Blvd	3. Date Incorporated or Qualified 03/14/1994
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 65-0471913
23 City & State MIAMI FL	28 City & State MIAMI FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33172	29 Zip 33172	30 Country Dade
25 Country Dade	30 Country Dade	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent STIEGELE, ROBERT 7200 N.W. 7TH STREET SUITE 300 MIAMI FL 33126		10. Name and Address of New Registered Agent	
81 Name STEVEN A. FEIN	82 Street Address (P.O. Box Number is Not Acceptable) 930 South State Road 7	83	84 City Plantation
		85 State FL	86 Zip Code 33317

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *Steven A. Fein* DATE: **April 21, 1999**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIEGELE, ROBERT	1.2 NAME	
STREET ADDRESS	7200 N.W. 7TH STREET #300	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, LISA	2.2 NAME	
STREET ADDRESS	7200 N.W. 7TH STREET #300	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABIN, MICHAEL	3.2 NAME	
STREET ADDRESS	7200 N.W. 7TH STREET #300	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEE ATTACHED	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steven A. Fein* DATE: **4/26/99** (954) 977-2237

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)

545015-900343
N94000001249

**VISTA FILARE HOMEOWNERS ASSOCIATION, INC.
BOARD OF DIRECTORS**

PRESIDENT & DIRECTOR

Johnny Duncombe
210 Via Firenze Way
Davie, FL 33325

H. 954-236-5012
W. 954-977-2244
F. 954-977-2241
B. 954-928-9337

VICE PRESIDENT & DIRECTOR

Leon Ives
14624 Via Tivoli Court
Davie, FL 33325

H. 954-473-0646
W. 954-327-6149

SECRETARY & DIRECTOR

Glenda M. Powers
14635 Via Tivoli Court
Davie, FL 33325

H. 954-476-8012
F. 954-476-0621

TREASURER & DIRECTOR

Ileana Navarro
199 Vista Luna Drive
Davie, FL 33325

H. 954-236-8434
W. 305-935-3500
B. 305-464-4542
F. 305-935-9042

DIRECTORS

Michael Haaker
226 Vista Verdi
Davie, FL 33325

B. 954-508-6239

Gail M. Ling
14641 Vista Verdi Road
Davie, FL 33325
(e-mail: SarahLing@Webtv.net)

H. 954-424-3347
B. 954-248-0432
F. 954-424-3393

Daniel Miller
99 Vista Luna Drive
Davie, FL 33325

H. 954-723-9047
B. 954-619-7274

Janet Reddington
62 Via Milan Terrace
Davie, FL 33325

H. 954-476-4628
W. 954-680-7351

Michael Venezia
275 Via Milan Terrace
Davie, FL 33325
Revised 1/5/99

H. 954-452-4550
F. 954-452-5914