

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001249

FILED
Mar 19, 2009
Secretary of State

Entity Name: VISTA FILARE, A COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

11784 WEST SAMPLE RD
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

11784 WEST SAMPLE RD
#103
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

11784 WEST SAMPLE RD
CORAL SPRINGS, FL 33065 US

New Mailing Address:

11784 WEST SAMPLE RD
#103
CORAL SPRINGS, FL 33065 US

FEI Number: 65-0471913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED COMMUNITY MGMT
11784 WEST SAMPLE RD
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

UNITED COMMUNITY MGMT
11784 WEST SAMPLE RD
#103
CORAL SPRINGS, FL 33065 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: RENEE CAMPBELL

03/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARTINEZ, MARIO
Address: 14694 VIA TIVOLI CT
City-St-Zip: DAVIE, FL 33325

Title: VPD () Delete
Name: GARCIA, PATTY T
Address: 14651 VISTA VERDE RD
City-St-Zip: DAVIE, FL 33325

Title: SD () Delete
Name: RESCH, JOHN L
Address: 14671 VISTA VERDE RD
City-St-Zip: DAVIE, FL 33755

Title: D (X) Delete
Name: FILS, EVAN
Address: 154 VISTA LUNA DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: GARCIA, PATTI T
Address: 14651 VISTA VERDE RD
City-St-Zip: DAVIE, FL 33325

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: MARY LOU PALMER

AGT

03/19/2009

Electronic Signature of Signing Officer or Director

Date