
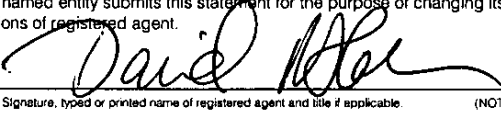
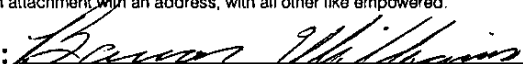


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90002 023 \*\*\*\*70.00

DOCUMENT # N96000003911					
1. Entity Name VISTA ALEGRE TOWNHOMES VILLAS PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business % COURTESY PROPERTY MANAGEMENT, INC. 13250 S.W. 135TH AVENUE MIAMI, FL 33186		Mailing Address % COURTESY PROPERTY MANAGEMENT, INC. 13250 S.W. 135TH AVENUE MIAMI, FL 33186			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0718062	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SKRLD, INC. 201 ALHAMBRA CIRCLE, STE. 1102 CORAL GABLES, FL 33134			Name DAVID R. SLATON		
			Street Address (P.O. Box Number is Not Acceptable)		
			109 E. FLAGLER ST. # 1224		
			City Miami		
			FL Zip Code 33131		
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 		2/16/06		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, BARRON		NAME		
STREET ADDRESS	15239 SW 134 COURT #1304		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPPELMAN, ELIZABETH		NAME		
STREET ADDRESS	13402 SW 153 STREET #1903		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRETTO, AMAURY		NAME		
STREET ADDRESS	13446 SW 153 TERR #2106		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, TONI		NAME		
STREET ADDRESS	13318 SW 152 STREET #3201		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33177		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANIUK, JUANA		NAME		
STREET ADDRESS	25550 SW 152 AVE		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33032		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		2/24/06		(305) 968-9680	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	