


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90071 041 ****70.00

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1. Entity Name
VISTA ALEGRE TOWNHOMES VILLAS PROPERTY OWNERS ASSOCIATION, INC.



40000000

Principal Place of Business Mailing Address
% COURTESY PROPERTY MANAGEMENT, INC. **% COURTESY PROPERTY MANAGEMENT, INC.**
13250 S.W. 135TH AVENUE **13250 S.W. 135TH AVENUE**
MIAMI, FL 33186 **MIAMI, FL 33186**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03132007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0718062

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SLATON, DAVID R
169 E. FLAGLER ST. #1224
MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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** Delete
 NAME **WILLIAMS, BARRON**
 STREET ADDRESS **15239 SW 134 COURT #1304**
 CITY-ST-ZIP **MIAMI, FL 33177**

TITLE **VPD** Change Addition
 NAME **MIRANDA, ANTONIO**
 STREET ADDRESS **15510 SW 133 PL # 2506**
 CITY-ST-ZIP **MIAMI, FL 33177**

TITLE **STD** Delete
 NAME **KOPPELMAN, ELIZABETH**
 STREET ADDRESS **13402 SW 153 STREET #1903**
 CITY-ST-ZIP **MIAMI, FL 33177**

TITLE **D** Change Addition
 NAME **Perez, Jerry**
 STREET ADDRESS **13302 SW 152 ST # 3001**
 CITY-ST-ZIP **MIAMI, FL 33177**

TITLE **D** Delete
 NAME **PRETTO, AMAURY**
 STREET ADDRESS **13446 SW 153 TERR #2106**
 CITY-ST-ZIP **MIAMI, FL 33177**

TITLE **SD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **BOYD, TONI**
 STREET ADDRESS **13318 SW 152 STREET #3201**
 CITY-ST-ZIP **MIAMI, FL 33177**

TITLE **TD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ROMANIUK, JUANA**
 STREET ADDRESS **25550 SW 152 AVE**
 CITY-ST-ZIP **HOMESTEAD, FL 33032**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: *Barbara Williams* Date: 4/10/07 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR