

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Oct 13, 2010  
Secretary of State**

DOCUMENT# N96000003911

**Entity Name:** VISTA ALEGRE TOWNHOMES VILLAS PROPERTY OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**THE CONTINENTAL GROUP INC.  
6805 BLUE LAGOON DR. - SUITE 310  
MIAMI, FL 33126**New Principal Place of Business:**PROFESSIONAL MANAGEMENT & ASSOC SVCS  
16155 SW 117TH AVE SUITE B-14  
MIAMI, FL 33177**Current Mailing Address:**THE CONTINENTAL GROUP INC.  
6805 BLUE LAGOON DR. - SUITE 310  
MIAMI, FL 33126**New Mailing Address:**PROFESSIONAL MANAGEMENT & ASSOC SVCS  
16155 SW 117TH AVE SUITE B-14  
MIAMI, FL 33177

FEI Number: 65-0718062

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**EISINGER, DENNIS J ESQ  
EISINGER BROWN LEWIS & FRANKEL, P A  
4000 HOLLYWOOD BLVD., STE 265-S  
HOLLYWOOD, FL 33021 US**Name and Address of New Registered Agent:**PROFESSIONAL MANAGEMENT & ASSOC SVCS  
16155 SW 117TH AVE  
SUITE B-14  
MIAMI, FL 33177 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: TRINIDAD YARCE

10/13/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PD  
Name: LOPEZ, MARIO  
Address: 15531 SW 133 PL #703  
City-St-Zip: MIAMI, FL 33177Title: VP/D  
Name: SALAZAR, ADIELA  
Address: 15510 SW 133 PL # 2504  
City-St-Zip: MIAMI, FL 33177Title: SD  
Name: SARRIA, JUAN  
Address: 13318 SW 152 ST # 3207  
City-St-Zip: MIAMI, FL 33177Title: TD  
Name: BRUNO, WILLIAM  
Address: 15279 SW 134 CT # 1206  
City-St-Zip: MIAMI, FL 33177

I hereby 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 all other like empowered.

SIGNATURE: MARIO LOPEZ

PD

10/13/2010

Electronic Signature of Signing Officer or Director

Date