


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90022 049 ****70.00

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1. Entity Name
VISTA ALEGRE TOWNHOMES VILLAS STAGE I CONDOMINIUM ASSOCIATION, INC.



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

Mailing Address
% COURTESY PROPERTY MANAGEMENT, INC. 13250 S.W. 135TH AVENUE MIAMI, FL 33186 US

44028336



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01082004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
SKRLD, INC. 201 ALHAMBRA CIRCLE, #1102 CORAL GABLES, FL 33134

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

4. FEI Number
65-0718057

Applied For
 Not Applicable

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

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, 2004

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R DIRECTOR CUERVO, LUISA 15250 SW 134TH PLACE UNIT 109 MIAMI, FL 33177 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRESIDENT PEREZ, NORIS 15250 SW 134 PLA 102 MIAMI, FL 33177 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIRECTOR SANCHEZ, ENRIQUE 15250 SW 134 PL 202 MIAMI, FL 33177 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Barron Williams 15239 SW 134 Ct. # 1304 Miami, FL 33177 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Guillermo Vargas 15300 SW 134 Pl. # 205 Miami, FL 33177 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eduardo Yesquen 15250 SW 134 Pl. # 104 Miami, FL 33177 <input type="checkbox"/> Delete Director

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Perez, Noris 15250 SW 134 Place # 102 Miami, FL 33177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Cuervo, Luisa 15250 SW 134th Place # 109 Miami, FL 33177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Williams, Barron 15239 SW 134 Ct. # 1304 Miami, FL 33177 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Vargas, Guillermo 15300 SW 134 Pl. # 205 Miami, FL 33177 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Yesquen, Eduardo 15250 SW 134 Pl # 104 Miami, FL 33177 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Noris Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #