

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90237 022 \*\*\*\*70.00

**DOCUMENT # N97000001391**

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



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**

**54035029**



2. Principal Place of Business      3. Mailing Address

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

01082004    Chg-NP      CR2E037 (10/03)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**65-0744909**      Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SKRDL INC**  
**201 ALHAMBRA CIRCE #1102**  
**CORAL GABLES, FL 33134**

**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 \_\_\_\_\_ DATE \_\_\_\_\_

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

**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          | PD                      | <input checked="" type="checkbox"/> Delete |
| NAME           | RODRIGUEZ ANDRES        |  |
| STREET ADDRESS | 15490 SW 154 PLACE #511 |  |
| CITY-ST-ZIP    | MIAMI, FL 33177         |  |
| TITLE          | DS                      | <input checked="" type="checkbox"/> Delete |
| NAME           | VALDES, VOISE           |  |
| STREET ADDRESS | 13404 SW 153 TER #2106  |  |
| CITY-ST-ZIP    | MIAMI, FL 33177         |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> Delete |
| NAME           | REVILLA, LOUISE         |  |
| STREET ADDRESS | 15501 SW 133 PLACE #804 |  |
| CITY-ST-ZIP    | MIAMI, FL 33177         |  |
| TITLE          | <del>PT</del> PRESIDENT | <input type="checkbox"/> Delete            |
| NAME           | PRETTO, AMAURY          |  |
| STREET ADDRESS | 13446 SW 153 TERR #2106 |  |
| CITY-ST-ZIP    | MIAMI, FL 33177         |  |
| TITLE          | SECRETARY / TREASURER   | <input type="checkbox"/> Delete            |
| NAME           | SHAHAB SOLTANIPOUR      |  |
| STREET ADDRESS | 15501 SW 133 PL. # 810  |  |
| CITY-ST-ZIP    | MIAMI, FL 33177         |  |
| TITLE          |                         | <input type="checkbox"/> Delete            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          | SECRETARY / TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Shahab Soltanipoor    |  |
| STREET ADDRESS | 15501 SW 133 PL # 810 |  |
| CITY-ST-ZIP    | MIAMI, FL 33177       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

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:** \_\_\_\_\_ **4/07/04** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR      Date      Daytime Phone #