2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001391

FILED Mar 19, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

% COURTESY PROPERTY MANAGEMENT, INC. 13250 S.W. 135TH AVENUE

MIAMI, FL 33186

Current Mailing Address:

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

FEI Number: 65-0744909

44909 FEI Number Applied For ()

New Mailing Address:

% EXCELLENT PROPERTY MANAGEMENT 6955 NW 77TH AVE. STE. 401

6955 NW 77TH AVE. STE. 401

MIAMI, FL 33166

FEI Number Not Applicable ()

MIAMI, FL 33166

EXCELLENT PROPERTY MANAGEMENT

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HALBERG, MICHAEL ESQ 10800 BISCAYN BLVD SUITE 988 MIAMI, FL 33161 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:

Electronic Signature of Registered Agent

Date

Certificate of Status Desired ()

OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete

 Name:
 LOPEZ, MARIO

 Address:
 15531 SW 133 PL #301

 City-St-Zip:
 MIAMI, FL 33177

 Title:
 VD
 () Delete

 Name:
 ALFONSO, LORENZO

 Address:
 15400 SE 134 PL #411

 City-St-Zip:
 MIAMI, FL 33177

Title: SD () Delete Name: FERNANDEZ, SERGIO

Address: 15531 SW 133 PL #704 City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: () Change () Addition Name:

Name: Address: City-St-Zip:

Title: Name: Address: City-St-Zip:

() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARIO LOPEZ PD 03/19/2009