

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000005289

1. Corporation Name

VISTA ALEGRE TOWNHOMES VILLAS STAGE III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1401 BRICKELL AVE., STE. 650  
MIAMI FL 33131

Mailing Address

2160 SW 137 PLACE  
MIAMI FL 33175  
US

FILED  
Aug 17, 1999 8:00 am  
Secretary of State

08-17-1999 90013 004 \*\*\*\*61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/17/1997

4. FEI Number

65-0799733

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HERNANDEZ-VALDES, JACQUELINE  
1401 BRICKELL AVE., STE. 650  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Jesus R. Gonzalez  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BELLON, LEO	
STREET ADDRESS	11020 SW 88 STREET, STE. 200	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	DVST	<input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ-VALDES, JACQUELINE	
STREET ADDRESS	1401 BRICKELL AVE., STE. 650	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZELAYA, MARIA L	
STREET ADDRESS	236 SW 73 AVE.	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JEAN CLAUDE NOEL	
1.3 STREET ADDRESS	15321 SW 133 PLACE UNIT 1008	
1.4 CITY-ST-ZIP	MIAMI, FL. 33177	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ELIZABETH KOPPELMANN	
2.3 STREET ADDRESS	13402 SW 153 STREET UNIT 1903	
2.4 CITY-ST-ZIP	MIAMI, FL. 33177	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARIA SUAREZ	
3.3 STREET ADDRESS	15321 SW 133 PLACE UNIT 1003	
3.4 CITY-ST-ZIP	MIAMI, FL. 33177	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROCIO DIAZ	
4.3 STREET ADDRESS	13402 SW 153 STREET UNIT 1904	
4.4 CITY-ST-ZIP	MIAMI, FL. 33177	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MANUEL MALDONADO	
5.3 STREET ADDRESS	13402 SW 153 STREET UNIT 1902	
5.4 CITY-ST-ZIP	MIAMI, FL. 33185	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Claude Noel  
PRESIDENT

Jul 16, 1999 (305) 644 3989  
Date Daytime Phone #

CR2E037 (5/99)