

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90231 045 ****70.00

DOCUMENT # N97000005289 1. Entity Name VISTA ALEGRE TOWNHOMES VILLAS STAGE III CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 13250 SW 135 AVE MIAMI, FL 33186 US			Mailing Address 13250 SW 135 AVE MIAMI, FL 33186 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0799733	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Name Street Address (P.O. Box Number is Not Acceptable) City State Zip Code				Name Michael Halberg, Esq. Street Address 10800 BISCAYNE BLVD. Suite 988 City MIAMI FL Zip Code 33141	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/22/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMANIUK, JUANA		NAME	McLeod, NADIA	
STREET ADDRESS	25550 SW 152 AVE		STREET ADDRESS	13407 SW 154 ST # 2308	
CITY-ST-ZIP	HOMESTEAD, FL 33032		CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BENCOMO, SUSAN	
STREET ADDRESS			STREET ADDRESS	15421 SW 133 PL # 908	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	GARRIDO, Jorge	
STREET ADDRESS			STREET ADDRESS	13447 SW 154 ST # 2208	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CABRERA, JAIME	
STREET ADDRESS			STREET ADDRESS	13447 SW 154 ST # 2202	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 I am empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					