

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 09, 2009  
Secretary of State**

DOCUMENT# N98000001799

Entity Name: VISTA AL LAGO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5979 NW 151 ST  
STE 101  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 160718  
HIALEAH, FL 33016

**New Mailing Address:**

FEI Number: 65-0915752      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

KABA & ASSOCIATES, P.A.  
1840 W 49 ST  
SUITE 235  
HIALEAH, FL 33012 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: VILCHEZ, JOSE  
Address: 7750 WEST 26TH AVE  
City-St-Zip: HIALEAH, FL 33016

Title: VPD ( ) Delete  
Name: HENRIQUEZ, ISMAEL  
Address: 7750 WEST 26TH AVE  
City-St-Zip: HIALEAH, FL 33016

Title: T ( ) Delete  
Name: PEREZ, GUILLERMO O  
Address: 7750 W 26 AVE  
City-St-Zip: HIALEAH, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSE VILCHEZ

PD

06/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date