

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90041 050 \*\*\*\*70.00

**DOCUMENT # N98000002671**

1. Entity Name  
**VISTA ALEGRE TOWNHOMES VILLAS STAGE IV 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

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

40060875



03132007    Chg-NP      CR2E037 (12/06)

4. FEI Number      Applied For  
**65-0846456**      Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>SLATON, DAVID R</b> 169 E FLAGLER ST 122 MIAMI, FL 33131	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State      Zip Code
	<b>FL</b>

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

**Filing Fee is \$61.25 Due by May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPPELMAN, ELIZABETH	NAME	
STREET ADDRESS	13402 SW 153 ST # 1903	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33177	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, ANTONIO	NAME	
STREET ADDRESS	15510 SW 133RD PLACE, STE 2506	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33177	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	
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 like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #