

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2008 90218 049 ****70.00

DOCUMENT # N98000002671

1. Entity Name
VISTA ALEGRE TOWNHOMES VILLAS STAGE IV CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**% COURTESY PROPERTY MANAGEMENT, INC.
 13250 S.W. 135TH AVENUE
 MIAMI, FL 33186**

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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
65-0846456

Applied For
 Not Applicable

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

04182008 Chg-NP CR2E037 (12/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Michael HALBERG ESQ

Street Address (P.O. Box Number is Not Acceptable)
10800 BISCAYNE BLVD

Suite, Apt. #, etc.
Suite 988

City
MIAMI FL Zip Code
33161

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]* **4/22/08**
 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, 2008**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PST	MIRANDA, ANTONIO	15510 SW 133RD PLACE, STE 2506	MIAMI, FL 33177	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRESIDENT	ADIELA SALAZAR	15510 SW 133 PLACE APT #2504	MIAMI-FLA 33177	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE-PRESIDENT	JENNY RENDON VILLAMAR	13448 SW 154 STREET #2411	MIAMI-FL 33177	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER	TANIA T. SANTO MAURO ASCANIO	15510 SW 133 PLACE #2511	MIAMI-FL 33177	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	QUILMENIS MESTRIN	13448 SW 154 STREET #2402	MIAMI-FLA 33177	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	MORAYMA CORTES RODRIGUEZ	13448 SW 154 ST. 2404	MIAMI FL-33177	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 empowerment.

SIGNATURE: *[Signature]* **Presidente P.A.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #