

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002671

FILED
Jan 12, 2011
Secretary of State

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

Current Principal Place of Business:

THE CONTINENTAL GROUP INC.
6805 BLUE LAGOON DRIVE - SUITE 310
MIAMI, FL 33126

New Principal Place of Business:

VISTA ALEGRE STAGE IV THMS VILLAS CONDO
16155 SW 117 AVE SUITE B-14
MIAMI, FL 33177

Current Mailing Address:

THE CONTINENTAL GROUP INC.
6805 BLUE LAGOON DRIVE - SUITE 310
MIAMI, FL 33126

New Mailing Address:

VISTA ALEGRE STAGE IV THMS VILLAS CONDO
16155 SW 117 AVE SUITE B-14
MIAMI, FL 33177

FEI Number: 65-0846456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EISINGER, DENNIS J ESQ
EISINGER BROWN LEWIS & FRANKEL, PA
4000 HOLLYWOOD BLVD., STE 265-S
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

PROFESSIONAL MGMT & ASSN SVCS
16155 SW 117 AVE SUITE B-14
MIAMI, FL 33177 US

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: TRINIDAD YARCE

01/12/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: SALAZAR, ADIELA
Address: 15510 SW 133RD PLACE, STE 2504
City-St-Zip: MIAMI, FL 33177

Title: VP
Name: VILLAMAR, JENNY R
Address: 13448 SW 154 STREET #2411
City-St-Zip: MIAMI, FL 33177

Title: T
Name: SANTOMAURI ASCANIO, TANIA T
Address: 15510 SW 133 PLACE #2511
City-St-Zip: MIAMI, FL 33177

Title: S
Name: RODRIGUEZ, MORAYMA
Address: 13448 SW 154 ST # 2404
City-St-Zip: MIAMI, FL 33177

Title: S
Name: RODRIGUEZ, MORAYMA C
Address: 13448 SW 154 ST 2404
City-St-Zip: MIAMI, FL 33177

I hereby 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 all other like empowered.

SIGNATURE: ADIELA SALAZAR

PD

01/12/2011

Electronic Signature of Signing Officer or Director

Date