

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000001249

**Entity Name:** VISTA FILARE, A COMMUNITY ASSOCIATION, INC.

**FILED**  
**Feb 23, 2017**  
**Secretary of State**  
**CC7983604872**

**Current Principal Place of Business:**

C/O PINES PROPERTY MANAGEMENT, INC  
6941 SW 196TH AVE SUITE#27  
PEMBROKE PINES, FL 33332

**Current Mailing Address:**

C/O PINES PROPERTY MANAGEMENT, INC  
PO BOX 820100  
SOUTH FLORIDA, FL 33082 US

**FEI Number: 65-0600016**

**Certificate of Status Desired: No**

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

LEVINE, SCOTT J ESQ.  
GLOBAL COMMERCE  
1900 NORTH COMMERCE PARKWAY  
WESTON, FL 33326 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: SCOTT LEVINE**

**02/23/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VICE PRESIDENT  
Name RESCH, JOHN  
Address C/O PINES PROPERTY MANAGEMENT, INC  
6941 SW 196TH AVE SUITE 27  
City-State-Zip: PEMBROKE PINES FL 33332

Title SECRETARY  
Name SWITZER, MARIA  
Address C/O PINES PROPERTY MANAGEMENT, INC  
6941 SW 196TH AVE SUITE 27  
City-State-Zip: PEMBROKE PINES FL 33332

Title DIRECTOR  
Name MARTINEZ, ARMANDO  
Address C/O PINES PROPERTY MANAGEMENT, INC  
6941 SW 196TH AVE SUITE 27  
City-State-Zip: PEMBROKE PINES FL 33332

Title PRESIDENT, & TREASURER  
Name MARTINEZ, MARIO G  
Address C/O PINES PROPERTY MANAGEMENT, INC  
6941 SW 196TH AVE SUITE 27  
City-State-Zip: PEMBROKE PINES FL 33332

Title DIRECTOR  
Name ROSSI, ROLANDO  
Address C/O PINES PROPERTY MANAGEMENT, INC  
6941 SW 196TH AVE SUITE 27  
City-State-Zip: PEMBROKE PINES FL 33332

*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: MARIO G MARTINEZ**

**P**

**02/23/2017**

Electronic Signature of Signing Officer/Director Detail

Date