

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90053 044 ****61.25

DOCUMENT # N01000006317

1. Entity Name

VILLAS OF ST. AGNES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O MIAMI-DADE EMPOWERMENT TRUST, INC.
 140 W. FLAGLER ST., STE. 1107
 MIAMI FL 33130

C/O MIAMI-DADE EMPOWERMENT TRUST, INC.
 140 W. FLAGLER ST., STE. 1107
 MIAMI FL 33130

2. Principal Place of Business

3. Mailing Address

3050 Biscayne Blvd.

3050 Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

Suite 300

City & State
Miami, FL

City & State
Miami, FL

Zip
33137

Country
Dade

Zip
33137

Country
Dade

4. FEI Number

65-1141373

Applied For

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

SELF, DAVID C II
CLYNE & SELF, P.A.
324 DATURA ST., STE. 235
WEST PALM BEACH FL 33401

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/2002

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FINNIE, BRIAN K**
 CITY-ST-ZIP **140 W. FLAGLER ST., STE. 1107**
MIAMI FL 33130

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **BARRY, RICHARD**
 CITY-ST-ZIP **1750 NW 3RD AVE.**
MIAMI FL 33130

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **GIBSON, JAMES**
 CITY-ST-ZIP **1750 NW 3RD AVE.**
MIAMI FL 33130

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

4/9/2002

CR2E037 (9/01)