

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

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33137

Dade

33137

Dade

4. FEI Number

65-1141373

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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	D	<input type="checkbox"/> Delete
NAME	FINNIE, BRIAN K	
STREET ADDRESS	140 W. FLAGLER ST., STE. 1107	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRY, RICHARD	
STREET ADDRESS	1750 NW 3RD AVE.	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBSON, JAMES	
STREET ADDRESS	1750 NW 3RD AVE.	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)