


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000006317

1. Entity Name
VILLAS OF ST. AGNES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 3050 BISCAYNE BLVD STE 300 MIAMI, FL 33137	Mailing Address 3050 BISCAYNE BLVD STE 300 MIAMI, FL 33137
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01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1141373	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINNIE, BRIAN K 140 W. FLAGLER ST., STE. 1107 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRY, RICHARD 1750 NW 3RD AVE. MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, JAMES 1750 NW 3RD AVE. MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/03/05-80002-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **1/23/2005** _____
Date Daytime Phone #