


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	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
<div style="display: flex; justify-content: space-between;"> 01052005 No Chg-NP CR2E037 (10/03) </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 4. FEI Number 65-1141373 </div> <div style="width: 35%; border: 1px solid black; padding: 2px;"> Applied For <input type="checkbox"/> Not Applicable </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 5. Certificate of Status Desired <input type="checkbox"/> </div> <div style="width: 35%; text-align: right;"> \$8.75 Additional Fee Required </div> </div>		
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		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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) <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>DATE</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Filing Fee is \$81.25 Due by May 1, 2005 </div> <div style="width: 40%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> <div style="width: 30%;"></div> </div>		
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	FINNIE, BRIAN K	
STREET ADDRESS	140 W. FLAGLER ST., STE. 1107	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	D	
NAME	BARRY, RICHARD	
STREET ADDRESS	1750 NW 3RD AVE.	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	D	
NAME	GIBSON, JAMES	
STREET ADDRESS	1750 NW 3RD AVE.	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1/23/2005 <small>Date</small> </div> <div style="width: 35%; text-align: right;"> <small>Daytime Phone #</small> </div> </div>		