

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 22, 2006  
Secretary of State**

DOCUMENT# N05000006885

**Entity Name:** THE VILLAS OF ST. AGNES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3050 BISCAYNE BLVD SUITE 300  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

3050 BISCAYNE BLVD SUITE 300  
MIAMI, FL 33137

**New Mailing Address:**

**FEI Number:** 20-3294749      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MILLAN-CLEGG, JUSTINA  
3050 BISCAYNE BLVD SUITE 300  
MIAMI, FL 33137      US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT      ( ) Delete  
Name: WALLACE, AUNDRA  
Address: 3050 BISCAYNE BLVD SUITE 300  
City-St-Zip: MIAMI, FL 33137

Title: VSD      ( ) Delete  
Name: CAREY, RODNEY  
Address: 3050 BISCAYNE BLVD SUITE 300  
City-St-Zip: MIAMI, FL 33137

Title: D      (X) Delete  
Name: FINNIE, BRYAN  
Address: 3050 BISCAYNE BLVD SUITE 300  
City-St-Zip: MIAMI, FL 33137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CARLOS ARTEAGA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

CAM

03/22/2006

\_\_\_\_\_  
Date