


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90025 020 ****61.25

DOCUMENT # N05000006885

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



Principal Place of Business
 2200 NW 102 AVE
 NO. 5
 MIAMI, FL 33172

Mailing Address
 2200 NW 102 AVE
 NO. 5
 MIAMI, FL 33172

40047004

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



01282008 Chg-NP CR2E037 (12/06)

4. FEI Number
 20-3294749

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARTEAGA, CARLOS
 2200 NW 102 AVE
 NO. 5
 MIAMI, FL 33172

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	CORTEZ, MARIA	
STREET ADDRESS	2200 NW 102 AVE # 5	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	DD	<input type="checkbox"/> Delete
NAME	SHAMSTER, LAMBA	
STREET ADDRESS	2200 NW 102 AVE # 5	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	DD	<input type="checkbox"/> Delete
NAME	CHARLES, MIRENE	
STREET ADDRESS	2200 NW 102 AVE # 5	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	DD	<input type="checkbox"/> Delete
NAME	WIMES, CASSANDRA	
STREET ADDRESS	2200 NW 102 AVE # 5	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	DS	<input type="checkbox"/> Delete
NAME	STRACHAN, MONIQUE	
STREET ADDRESS	2200 NW 102 AVE # 5	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/14/08 Daytime Phone #: (305) 444-6757 (EHS)