

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 08, 2008
Secretary of State

DOCUMENT# N05000006885

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

Current Principal Place of Business:

2200 NW 102 AVE
NO. 5
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

2200 NW 102 AVE
NO. 5
MIAMI, FL 33172

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:

ARTEAGA, CARLOS
2200 NW 102 AVE
NO. 5
MIAMI, FL 33172 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: DP () Delete
Name: CORTEZ, MARIA
Address: 2200 NW 102 AVE # 5
City-St-Zip: MIAMI, FL 33172

Title: DD () Delete
Name: SHAMSTER, LAMBA
Address: 2200 NW 102 AVE # 5
City-St-Zip: MIAMI, FL 33172

Title: DD () Delete
Name: CHARLES, MIRENE
Address: 2200 NW 102 AVE # 5
City-St-Zip: MIAMI, FL 33172

Title: DD (X) Delete
Name: WIMES, CASSANDRA
Address: 2200 NW 102 AVE # 5
City-St-Zip: MIAMI, FL 33172

Title: DS (X) Delete
Name: STRACHAN, MONIQUE
Address: 2200 NW 102 AVE # 5
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CARTER, HARRIETT
Address: 2200 NW 102 AVE # 5
City-St-Zip: MIAMI, FL 33172

Title: DD (X) Change () Addition
Name: WIMES, CASSANDRA
Address: 2200 NW 102 AVE # 5
City-St-Zip: MIAMI, FL 33172

Title: DD (X) Change () Addition
Name: STRACHAN, MONIQUE L
Address: 2200 NW 102 AVE # 5
City-St-Zip: MIAMI, FL 33172

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 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

MGR

10/08/2008

Electronic Signature of Signing Officer or Director

Date