

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000006885



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

FILED

2008 OCT 20 PM 1:46

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

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

12 20
CLERK OF THE CLERK OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

06162008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
20-3294749

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

June 16, 2008

Amended AR is \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harriett Carter	
STREET ADDRESS	1985 NW 4 COURT. #33	
CITY-ST-ZIP	MIAMI, FL 33136	
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		
TITLE	Treasurer	<input checked="" 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

DAYTIME PHONE #

June 16, 2008 (305) 44-6757