

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006885

FILED  
Apr 19, 2011  
Secretary of State

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

**Current Principal Place of Business:**

701 4TH ST., STE 101  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

701 4TH ST., STE 101  
MIAMI BEACH, FL 33139 US

**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:**

VODA, TIM  
701 4TH STREET  
SUITE 101  
MIAMI BEACH, FL 33139 US

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

REGATTA REAL ESTATE MANAGEMENT  
701 4TH STREET  
SUITE 101  
MIAMI BEACH, FL 33139 US

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: TIM VODA

04/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: CARTER-DAPHNIS, HARRIETT  
Address: 309 23 STREET  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP  
Name: DAVIS, DEIDRIA  
Address: 309 23 STREET  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D  
Name: STRACHAN, MONIQUE  
Address: 309 23 STREET  
City-St-Zip: MIAMI BEACH, FL 33139

Title: P  
Name: WALTERS, WINSTON  
Address: 309 23 STREET  
City-St-Zip: MIAMI BEACH, FL 33139

Title: S  
Name: EARLE, NATTALIAH  
Address: 309 23 STREET  
City-St-Zip: MIAMI BEACH, FL 33139

I hereby 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 all other like empowered.

SIGNATURE: WINSTON WALTERS

DP

04/19/2011

Electronic Signature of Signing Officer or Director

Date