

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006885

FILED
Apr 14, 2021
Secretary of State
4187173382CC

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

Current Principal Place of Business:

301 NW 19 STREET
MIAMI, FL 33136

Current Mailing Address:

C/O CREAM MANAGEMENT & CONSULTING INC.
950 SOUTH PINE ISLAND ROAD SUITE# A-150 OFFICE# 1027
PLANTATION, FL 33324 US

FEI Number: 20-3294749

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CREAM MANAGEMENT & CONSULTING INC
C/O CREAM MANAGEMENT & CONSULTING INC.
950 SOUTH PINE ISLAND ROAD SUITE# A-150 OFFICE# 1027
PLANTATION, FL 33324 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: EDGAR LAFAURIE

04/14/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER	Title	PRESIDENT
Name	STRACHAN, MONIQUE	Name	WALTERS, MARK
Address	C/O CREAM MANAGEMENT & CONSULTING INC. 950 SOUTH PINE ISLAND ROAD SUITE# A-150 OFFICE# 1027	Address	C/O CREAM MANAGEMENT & CONSULTING INC. 950 SOUTH PINE ISLAND ROAD SUITE# A-150 OFFICE# 1027
City-State-Zip:	PLANTATION FL 33324	City-State-Zip:	PLANTATION FL 33324
Title	SECRETARY	Title	DIRECTOR
Name	CARTER, HARRIETT	Name	MILLER, GARFIELD
Address	C/O CREAM MANAGEMENT & CONSULTING INC. 950 SOUTH PINE ISLAND ROAD SUITE# A-150 OFFICE# 1027	Address	C/O CREAM MANAGEMENT & CONSULTING INC. 950 SOUTH PINE ISLAND ROAD SUITE# A-150 OFFICE# 1027
City-State-Zip:	PLANTATION FL 33324	City-State-Zip:	PLANTATION FL 33324
Title	DIRECTOR		
Name	SCHICCATANO, JUSTINE		
Address	C/O CREAM MANAGEMENT & CONSULTING INC. 950 SOUTH PINE ISLAND ROAD SUITE# A-150 OFFICE# 1027		
City-State-Zip:	PLANTATION FL 33324		

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: MARK WALTERS

PRESIDENT

04/14/2021

Electronic Signature of Signing Officer/Director Detail

Date