

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

55 FEB 27 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **731738** (1)

1. Corporation Name  
**KINGS CREEK VILLAS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**8585-A S.W. 80TH PLACE MIAMI FL 33143** **8585-A S.W. 80TH PLACE MIAMI FL 33143**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/24/1975** 3a. Date of Last Report **03/15/1994**  
4. FEI Number **59-1648913** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **8585-A SW 80 PL** 26 **S RME**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **MIAMI FL** 28  
Zip Country 29 Zip Country  
24 **33143** 25 **US** 30

9. Name and Address of Current Registered Agent  
**KARO, WILLIAM H.  
8500 S.W. 80TH PLACE  
MIAMI FL 33143**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *William H. Karo*  
Signature, typed or printed name of registered agent of agent of application (NOTE: Registered Agent signature required when constituting)

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	MARTINEZ, SERGIO
STREET ADDRESS	8520 S W 80TH PLACE
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	PD
NAME	KARO, WILLIAM H
STREET ADDRESS	8500 S W 80TH PLACE
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	VD
NAME	LOPEZ, ELJO
STREET ADDRESS	6435 S W 80TH PLACE
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	SD
NAME	WILLIAMS, DONALD
STREET ADDRESS	8405 SW 80TH PLACE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	RICHARDSON, WILLIAM
STREET ADDRESS	8440 SW 80TH PLACE
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	ASHTON, DAVID
STREET ADDRESS	8540 SW 80 PL
CITY - ST - ZIP	MIAMI FL 33143

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<b>33143</b>
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<b>33143</b>
31 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>DIRECTOR ONLY</b>
33 STREET ADDRESS	
34 CITY - ST - ZIP	<b>33143</b>
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>VD</b>
43 STREET ADDRESS	
44 CITY - ST - ZIP	<b>33143</b>
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<b>33143</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William H. Karo* 2/16/94 (305) 379-7667  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR