

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90333 014 ****61.25

DOCUMENT # 731738

1. Entity Name

KINGS CREEK VILLAS ASSOCIATION, INC.

C0021268



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8585-A SW 80TH PL MIAMI FL 33143 US	Mailing Address 8585-A SW 80TH PL MIAMI FL 33143 -US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-1648913	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLAIR, LEO J
8535 SW 80 PLACE
MIAMI FL 33143-7003

7. Name and Address of New Registered Agent

Name **Lois Exelbert**
 Street Address (P.O. Box Number is Not Acceptable) **8505 S.W. 80th. Place**
 City **Miami** FL Zip Code **33143**

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.

SIGNATURE **Lois Exelbert, President**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME S BLAIR, NANCY L STREET ADDRESS 8535 SW 80 PL CITY-ST-ZIP MIAMI FL 33143-7003	<input checked="" type="checkbox"/> Delete
TITLE NAME PD BLAIR, LEO J STREET ADDRESS 8535 SW 80 PLACE CITY-ST-ZIP MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME D CALDWELL, JOCELYN STREET ADDRESS 8525 SW 80 PL CITY-ST-ZIP MIAMI FL 33143-7003	<input type="checkbox"/> Delete
TITLE NAME VD EXELBERT, LOIS STREET ADDRESS 8505 SW 80 PL CITY-ST-ZIP MIAMI FL 33143-7003	<input type="checkbox"/> Delete
TITLE NAME D WILLIAMS DON STREET ADDRESS 8405 SW 80 PL CITY-ST-ZIP MIAMI FL 33143	<input type="checkbox"/> Delete
TITLE NAME T DEL CARMEN CARRERA, MARIA STREET ADDRESS 8445 SW 80 PLACE CITY-ST-ZIP MIAMI FL 33143-7042	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME S Michael Caldwell STREET ADDRESS 12540 S.W. 108 Ave. CITY-ST-ZIP Miami, FL 33176	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D Blair, Leo J STREET ADDRESS 8535 S.W. 80th. Place CITY-ST-ZIP Miami, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME P/D Exelbert, Lois STREET ADDRESS 8505 S.W. 80th. Place CITY-ST-ZIP Miami, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME T/D Carrera, Maria Del Carmen STREET ADDRESS 8445 S.W. 80th. Place CITY-ST-ZIP Miami, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Maria Del Carmen Carrera** *M. Carrera* **2/10/01** **305-274-0927**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)