

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0023657

04-01-2002 90625 004 \*\*\*\*61.25

**DOCUMENT # 731738**  
 1. Entity Name  
**KINGS CREEK VILLAS ASSOCIATION, INC.**

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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

**6. Name and Address of Current Registered Agent**

**EXELBERT, LOIS**  
**8505 S. W. 80TH PLACE**  
**MIAMI FL 33143**

**7. Name and Address of New Registered Agent**

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.

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME	<b>S CALDWELL, MICHAEL</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>12540 SW 108 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
TITLE NAME	<b>D BLAIR, LEO J</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>8535 SW 80 PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE NAME	<b>D CALDWELL, JOCELYN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>8525 SW 80 PL</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143-7003</b>	
TITLE NAME	<b>PD EXELBERT, LOIS</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>8505 SW 80 PL</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143-7003</b>	
TITLE NAME	<b>D WILLIAMS DON</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>8405 SW 80 PL</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE NAME	<b>TD DEL CARMEN CARRERA, MARIA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>8445 SW 80 PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143-7042</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	<b>S Felipe Basulto</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>8535 S.W. 80th, Place</b>	
CITY-ST-ZIP	<b>Miami, FL 33143</b>	
TITLE NAME	<b>D Steve Elliot</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>8400 S.W. 80th. Place</b>	
CITY-ST-ZIP	<b>Miami, FL 33143</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>D William Richardson</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>8440 S.W. 80th, Place</b>	
CITY-ST-ZIP	<b>Miami, FL 33143</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

**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: *Lois Exelbert*

*3/24/02*

CR2E037 (9/01)