

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90209 046 ****61.25

0026114

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**

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 **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BASULTO, FELIPE	
STREET ADDRESS	8535 S.W. 80TH , PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELLIOT, STEVE	
STREET ADDRESS	8400 S.W. 80TH . PLACE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALDWELL, JOCELYN	
STREET ADDRESS	8525 SW 80 PL	
CITY-ST-ZIP	MIAMI FL 33143-7003	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EXELBERT, LOIS	
STREET ADDRESS	8505 SW 80 PL	
CITY-ST-ZIP	MIAMI FL 33143-7003	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICHARDSON, WILLIAM	
STREET ADDRESS	8440 S.W. 80TH , PLACE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEL CARMEN CARRERA , MARIA	
STREET ADDRESS	8445 SW 80 PLACE	
CITY-ST-ZIP	MIAMI FL 33143-7042	

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

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nora Lopez	
STREET ADDRESS	8435 SW 80th. Place	
CITY-ST-ZIP	Miami FL 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elio Lopez	
STREET ADDRESS	8435 SW 80th. Place	
CITY-ST-ZIP	Miami FL 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *RE Maria del Carmen Carrera* 4/16/03 (305) 857-9720

CR2E037 (10/02)