

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90211 029 ****70.00

DOCUMENT # 734332

1. Entity Name
KING'S CREST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**6831 W 14TH CT
STE201
HIALEAH, FL 33014 US**

Mailing Address
**6831 W 14TH CT
STE201
HIALEAH, FL 33014 US**

DO NOT WRITE IN THIS SPACE



04042006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1658916	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

**AMABLE, OMAR
6831 W. 14 COURT #201
HIALEAH, FL 33014**

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMABLE, OMAR 6831 W. 14TH CT. #201 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GAMES, HERNILDA 6831 W 14TH COURT, APT 203 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PAREDES, OSCAR 6831 W 14TH COURT, APT 309 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, IRAIDA 6831 W 14 CT APT 310 HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSCAR PAREDES (TREASURER)

Date

04/27/06

Daytime Phone #