

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734332

FILED  
Jan 15, 2009  
Secretary of State

**Entity Name:** KING'S CREST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6831 W 14TH CT  
STE201  
HIALEAH, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

6831 W 14TH CT  
STE201  
HIALEAH, FL 33014 US

**New Mailing Address:**

**FEI Number:** 59-1658916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: AMABLE, OMAR  
Address: 6831 W. 14TH CT. #201  
City-St-Zip: HIALEAH, FL 33014

Title: SD ( ) Delete  
Name: GAMES, HERNILDA  
Address: 6831 W 14TH COURT, APT 203  
City-St-Zip: HIALEAH, FL 33014

Title: VPD ( ) Delete  
Name: PAREDES, OSCAR  
Address: 6831 W 14TH COURT, APT 309  
City-St-Zip: HIALEAH, FL 33014

Title: VP ( ) Delete  
Name: RODRIGUEZ, IRAIDA  
Address: 6831 W 14 CT APT 310  
City-St-Zip: HIALEAH, FL 33014

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: PAREDES, OSCAR  
Address: 6831 W 14TH COURT, APT 309  
City-St-Zip: HIALEAH, FL 33014

Title: VPD (X) Change ( ) Addition  
Name: RODRIGUEZ, IRAIDA  
Address: 6831 W 14 CT APT 310  
City-St-Zip: HIALEAH, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERNILDA GAMES

S

01/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date