


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Jul 25 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734417** (9)
 1. Corporation Name
KINGS CREEK WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 7965 SW 86TH STREET UNIT 130 MIAMI FL 33143	Mailing Address 7965 SW 86TH STREET UNIT 130 MIAMI FL 33143
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/20/1975	3a. Date of Last Report 01/24/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-1648815	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ANTHONY KALLICHE, POLIAKOFF, BECKER&STREI
 6161 BLUE LAGOON DRIVE #250
 MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	WALEES, BARRY <input type="checkbox"/> DELETE	1.1 TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	7915 S.W. 86TH ST. #724	1.2 NAME MIKE JENNINGS	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS 7965 SW 86 ST # 121	
CITY-ST-ZIP		1.4 CITY-ST-ZIP MIAMI, FL 33143	
TITLE VD	BROIDA, JANE <input checked="" type="checkbox"/> DELETE	2.1 TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	7955 SW 86 ST #523	2.2 NAME FERMIO BELLEAU	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS 7925 SW 86 ST #701	
CITY-ST-ZIP		2.4 CITY-ST-ZIP MIAMI, FL	
TITLE TD	ADELMAN, JOAN M. <input checked="" type="checkbox"/> DELETE	3.1 TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	7925 SW 86TH ST. #927	3.2 NAME BRIAN HAMILTON	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS 7945 SW 86 ST #323	
CITY-ST-ZIP		3.4 CITY-ST-ZIP MIAMI, FL 33143	
TITLE SD	SCHNEIDER, FRAN <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	7915 SW 86 ST #702	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	KIRBY, TOM <input type="checkbox"/> DELETE	5.1 TITLE VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8963 SW 86ST #123	5.2 NAME	
STREET ADDRESS	MIAMI FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	SPENCER, BARBARA <input type="checkbox"/> DELETE	6.1 TITLE TREAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7975 SW 86TH ST #224	6.2 NAME	
STREET ADDRESS	MIAMI FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED _____ 7/22/97 (305) 242-2444 X 324

CP2E037 (4/97)