


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90038 047 ****61.25

| | | | |
|--|---------|---|---------|
| DOCUMENT # 734417 | |  | |
| 1. Entity 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 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

94040704

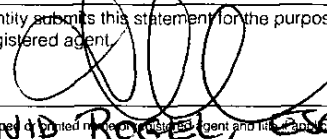


MOORE CR2E037 (11/03)

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|---|--|--|--|
| 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 | |

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|--|--|---|--|
| 6. Name and Address of Current Registered Agent DAVID H. ROEL, ESQ BECKER & POLIAKOFF P.A. 5201 BLUE LAGOON DRIVE SUITE 100 MIAMI FL 33126 | | 7. Name and Address of New Registered Agent Name: DAVID H. ROGEL, ESQ. Street Address (P.O. Box Number is Not Acceptable): BECKER & POLIAKOFF, P.A. Alhambra Towers 121 Alhambra Plaza, Suite 1000, 10th Floor City: Coral Gables FL Zip Code: 33134 | |
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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: _____

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| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to Florida Department of State |
|--|--|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|--|---|
| TITLE: PD NAME: WALES, BARRY STREET ADDRESS: 7915 S.W. 86TH ST. #724 CITY-ST-ZIP: MIAMI FL | <input type="checkbox"/> Delete | TITLE: D NAME: Thomas V. Kirby STREET ADDRESS: 7945 SW 86 ST #123 CITY-ST-ZIP: MIAMI, FL 33143 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: ZWEIBLEMAN, BARRY STREET ADDRESS: 7965 SW 86 ST 125 CITY-ST-ZIP: MIAMI FL | <input type="checkbox"/> Delete | TITLE: VP NAME: Lloyd Heatherington STREET ADDRESS: 7905 SW 86 ST #626 CITY-ST-ZIP: MIAMI, FL 33145 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: T NAME: ENTWHISTLE, PAULA STREET ADDRESS: 7965 SW 86 STE#124 CITY-ST-ZIP: MIAMI FL 33143 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: SD NAME: SCHNEIDER, FRAN STREET ADDRESS: 7915 SW 86 ST #702 CITY-ST-ZIP: MIAMI FL | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: PARADO, PEDRO STREET ADDRESS: 7995 SW 86 ST. #306 CITY-ST-ZIP: MIAMI FL 33143 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: GORMAN, JEAN STREET ADDRESS: 7915 SW 86 ST #726 CITY-ST-ZIP: MIAMI FL 33143 | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  3/11/04 (305) 418-9294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #