

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

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90023 013 \*\*\*\*61.25

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**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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

02032006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-1648815**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DAVID H. ROEL ESQ  
 BECKER & POLIAKOFF P.A.  
 121 ALHAMBRA PLAZA, STE 1000, 10TH FL  
 CORAL GABLES, FL 33134**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WALES, BARRY <input type="checkbox"/> Delete 7915 S.W. 86TH ST. #724 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZWEIBLEMAN, BARRY <input checked="" type="checkbox"/> Delete 7965 SW 86 ST 125 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENTWHISTLE, PAULA <input type="checkbox"/> Delete 7965 SW 86 STE#124 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRIAND, MICHELLE <input type="checkbox"/> Delete 7995 SW 86 CT, #327 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEATNARINGTON, LLOYD <input type="checkbox"/> Delete 7905 SW 86 ST, #626 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIRBY, THOMAS V <input type="checkbox"/> Delete 7945 SW 86TH ST., #626 MIAMI, FL 33143

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEDRO PARRADO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7945 SW 86 ST # 306 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LLOYD HEATHNARINGTON 7905 SW 86 ST #626 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DANIEL SALCEDO 7945 SW 86 ST # 308 MIAMI, FL 33143

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: Barry B. Wales 2/28/06 (305) 598-9447  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #