

ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

03-20-2008 90041 017 ****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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

66007940

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE AND THAT I AM AN OFFICER OR DIRECTOR OF THE CORPORATION OR THE RECEIVER OR FIDUCIARY EMPLOYED 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 WITHIN A FIDUCIARY, WITH ALL OTHER LIKE EMPLOYED.

03042008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1648815	Applied For Not Applicable
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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: **Gary Mars (Hyman, Spector & Mars)**
 Street Address (P.O. Box Number is Not Acceptable):
150 W Flagler St Suite 2701
 City: **Miami** FL Zip Code: **33130**

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: April 16, 2008
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering) DATE

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME WALES, BARRY	TITLE P	NAME Barry Zwibelman
	STREET ADDRESS 7915 S.W. 86TH ST. #724		STREET ADDRESS 7965 SW 86 st #125
	CITY-ST-ZIP MIAMI, FL		CITY-ST-ZIP Miami, FL. 33143
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	NAME PARRADO, PEDRO	TITLE V	NAME Thomas Kunicki
	STREET ADDRESS 7995 SW 86 STREET #306		STREET ADDRESS 7915 SW 86 st # 731
	CITY-ST-ZIP MIAMI, FL 33143		CITY-ST-ZIP Miami, FL. 33143
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	NAME ENTWHISTLE, PAULA	TITLE T	NAME Joyce D. Morris
	STREET ADDRESS 7965 SW 86 STE#124		STREET ADDRESS 7350 SW 134 Terrace
	CITY-ST-ZIP MIAMI, FL 33143		CITY-ST-ZIP Pinecrest, FL. 33156
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD	NAME BRIAND, MICHELLE	TITLE S	NAME Grace Judica
	STREET ADDRESS 7995 SW 86 CT, #327		STREET ADDRESS 7915 SW 86 st # 729
	CITY-ST-ZIP MIAMI, FL 33143		CITY-ST-ZIP Miami, FL. 33143
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T	NAME HEATHERINGTON, LLOYD	TITLE D	NAME William Hernandez
	STREET ADDRESS 7905 SW 86 ST. #626		STREET ADDRESS 7995 SW 86 st # 302
	CITY-ST-ZIP MIAMI, FL 33143		CITY-ST-ZIP Miami, FL. 33143
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NAME KIRBY, THOMAS V	TITLE	NAME
	STREET ADDRESS 7945 SW 86TH ST., #626		STREET ADDRESS
	CITY-ST-ZIP MIAMI, FL 33143		CITY-ST-ZIP
	<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 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 fiduciary 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: **Thomas Kunicki** 03/07/08 305-274-1068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #