

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750424** (4)

1. Corporation Name

**KINGS CREEK SOUTH CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

**KINGS CREEK SOUTH CONDO ASSOC. INC**  
**7735 SW 86TH ST**  
**MIAMI FL 33143**  
**US**

**KINGS CREEK SOUTH CONDO ASSOC. INC**  
**7735 SW 86TH ST**  
**MIAMI FL 33143**  
**US**

3. Date Incorporated or Qualified

**12/28/1979**

4. FEI Number

**59-2084295**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SKRLD, INC**  
**201 ALHAMBRA CIRCLE SUITE 1102**  
**CORAL GABLES FL 33134**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLD, DORIS</b>	
STREET ADDRESS	<b>7755 SW 88TH ST</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>AMEZOLA, XAVIER</b>	
STREET ADDRESS	<b>12555 SW 69TH AVE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>DIX, RICHARD</b>	
STREET ADDRESS	<b>7725 S.W. 86TH ST, A1-320</b>	
CITY - ST - ZIP	<b>MIAMI FL 33143</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MATHISEN, WILLIAM</b>	
STREET ADDRESS	<b>7765 SW 86 ST F2-308</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GREENFIELD, KAREN</b>	
STREET ADDRESS	<b>7725 SW 86TH ST. AL 323</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHOUINARD, KAY</b>	
STREET ADDRESS	<b>7705 SW 86 ST B-210</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>770 NE 64th ST., Apt. 2-F</b>
4.4 CITY - ST - ZIP	<b>Miami, FL 33138</b>
5.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Olga Bennett</b>
5.3 STREET ADDRESS	<b>7727 SW 80 ST. A1-402</b>
5.4 CITY - ST - ZIP	<b>Miami, FL 33143</b>
6.1 TITLE	<b>Vice-President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 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:

305-271-5454

CR2E037 (10/97)