

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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	
2. Principal Place of Business	2a. Mailing Address	21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State	23. Zip	28. Country
24. Country	25. Country	29. Zip	30. Country

3. Date Incorporated or Qualified
12/28/1979

4. FEI Number
59-2084295

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

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	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLD, DORIS	1.2 NAME	
STREET ADDRESS	7755 SW 88TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMEZOLA, XAVIER	2.2 NAME	
STREET ADDRESS	12555 SW 69TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIX, RICHARD	3.2 NAME	
STREET ADDRESS	7725 S.W. 86TH ST, A1-320	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHISEN, WILLIAM	4.2 NAME	
STREET ADDRESS	7785 SW 86 ST F2-308	4.3 STREET ADDRESS	770 NE 64th ST., Apt. 2-F
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33138
TITLE	D	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENFIELD, KAREN	5.2 NAME	Olga Bennett
STREET ADDRESS	7725 SW 86TH ST. AL 323	5.3 STREET ADDRESS	7727 SW 80 ST. A1-402
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL 33143
TITLE	TD	6.1 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOUNARD, KAY	6.2 NAME	
STREET ADDRESS	7705 SW 86 ST B-210	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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)