

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 750424

1. Entity Name
KINGS CREEK SOUTH CONDOMINIUM, INC.



FILED

05 OCT -7 PH 12: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7735 SW 86TH STREET
MIAMI, FL 33143 US

Mailing Address
7735 SW 86TH STREET
MIAMI, FL 33143 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08082005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2084295

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Hyman, Caplan, Ganguzzo, SPECTOR, MARS PA
Street Address (P.O. Box Number is Not Acceptable)
150 West Flagler Street
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

300059765733
09/20/05--01006--009 **61.25

Filing Fee is \$61.25
Due by September 7, 2005

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 P
NAME BRANN, THOMAS
STREET ADDRESS 7757 SW 86TH STREET C-414
CITY-ST-ZIP MIAMI, FL 33143 ☒ Delete

TITLE VP
NAME SANCHEZ, HECTOR
STREET ADDRESS 4779 COLLINS AVE #1605
CITY-ST-ZIP MIAMI BEACH, FL 33140 ☒ Delete

TITLE S
NAME ARONT, ISABELL
STREET ADDRESS 7715 SW 86TH STREET, A2-203
CITY-ST-ZIP MIAMI, FL 33143 ☒ Delete

TITLE T
NAME FUQUA, DELAMR R
STREET ADDRESS 7757 SW 86TH C-318
CITY-ST-ZIP MIAMI, FL 33143 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME ALFREDO MARRARA
STREET ADDRESS 7735 S.W. 86 STREET
CITY-ST-ZIP MIAMI, FLORIDA 33143 ☐ Change ☒ Addition

TITLE VP
NAME STEVE MAGENHEIMER
STREET ADDRESS 7735 S.W. 86 STREET
CITY-ST-ZIP MIAMI, FLORIDA 33143 ☐ Change ☒ Addition

TITLE EST
NAME ESTHER SOUSA
STREET ADDRESS 7735 S.W. 86 STREET
CITY-ST-ZIP MIAMI, FLORIDA 33143 ☐ Change ☒ Addition

TITLE S
NAME MARILU CHAVEZ
STREET ADDRESS 7735 S.W. 86 STREET
CITY-ST-ZIP MIAMI, FLORIDA 33143 ☐ Change ☒ Addition

TITLE D
NAME WILLIAM MATHISEN
STREET ADDRESS 7735 S.W. 86 STREET
CITY-ST-ZIP MIAMI, FLORIDA 33143 ☐ Change ☒ Addition

TITLE D
NAME PAUL ORDONEZ
STREET ADDRESS 7735 S.W. 86 STREET
CITY-ST-ZIP MIAMI, FLORIDA 33143 ☐ Change ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


PRES. KCS

8/23/05

Date

Daytime Phone #

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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-2084295		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKRLD, INC 201 ALHAMBRA CIRCLE-SUITE 1102 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 7, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP P BRANN, THOMAS 7757 SW 86TH STREET C-414 MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D Robert Ruiz 7735 S.W. 86 STREET MIAMI, FLORIDA 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VP SANCHEZ, HECTOR 4779 COLLINS AVE #1605 MIAMI BEACH, FL 33140	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP S ARONT, ISABELL 7715 SW 86TH STREET, A2-293 MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP T FUQUA, DELAMR R 7757 SW 86TH C-316 MIAMI, FL 33143	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: <u><i>Delamra</i></u> PRES. KCS <u>8/23/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			