2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

•	AMMOAL	KLFOKI								
DOCUMENT # 750424 1. Entity Name KINGS CREEK SOUTH CONDOMINIUM, INC.					FILED 05 OCT -7 PH 12: 03					
Principal Place of Business 7735 SW 86TH STREET MIAMI, FL 33143 US		Mailing Address 7735 SW 86TH STREET MIAMI, FL 33143 US			SUUM. 17 FALLAHA	ARY OF STAT SSEE, FLORIE	E DA			
2 Principal DI	ace of Business	2 Molling Addings								
		3. Mailing Address			I INDIIT IKUUS MITIS ONII UIRIU IIRI EIRI AIUS	§ brast etert erfit eters etes	F121			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08082005 Chg-NP C	CR2E037 (10/03)					
City & State		City & State			4. FEI Number 59-2084295		plied For t Applicable			
Zip	Country	Zip	Country		5. Certificate of Status Desired	S8.75 Add				
	6. Name and Address of Current F	legistered Agent	<u> </u>		7. Name and Address of New Regis	stered Agent				
SKRLD, INC 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134 Name Hyman, Caplan, Ganquzza, Srctor, MARS PA Street, Address (P.O. Box Number is Not Acceptable) 150 West Flagler Street Suite 2701										
			City	AMI	· · · · · · · · · · · · · · · · · · ·	FL Zig Cgd	30			
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. If 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 aignature required when reinstating) DATE										
Filing Fee is \$61.25 Due by September 7, 2005 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees Added to Fees Filing Fee is \$61.25 Make check payable to Filing Fee is \$61.25										
10.	OFFICERS AND DIR		11.	10	ADDITIONS/CHANGES TO OFFICERS					
TITLE NAME STREET ADDRESS	P BRANN, THOMAS 7757 SW 86TH STREET C-414	🔀 Delete	TITLE NAME STREET ADDRESS	ALFR	CEDO MANYATA 5 S.W. 86 Street	☐ Change	⊠ Addition			
CITY-ST-ZIP	MIAMI, FL 33143		CITY-SY-ZIP		MI, FWRIDA 33143					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANCHEZ, HECTOR 4779 COLLINS AVE #1605 MIAMI BEACH, FL 33140	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	773	E MAGENHEIMER 15 S.W. 86 Street 1MI, FLORIDA 33143	☐ Change	⊠ Addition			
TITLE	S	⊠ Delete	TITLE	835		☐ Change	Addition			
NAME Street address	ARONT, ISABELL 7715 SW 86TH STREET, A2-203		NAME	257	HER SOUSA IS S.W. 86 STREET					
CITY-ST-ZIP	MIAMI, FL 33143		STREET ADDRESS CITY+ST-ZIP		IMI, FLORIDA 33143	<u>'</u>				
TITLE	Т	⊠ Delete	TITLE	S	<u> </u>	☐ Change	Addition			
NAME STREET ADDRESS	FUQUA, DELAMR R 7757 SW 86TH C-318		NAME STREET ADDRESS	MAR	LILU CHAVEZ 53 W. 86 STREET					
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP		ami, FLORIDA 331	43				
TITLE		☐ Delete	TITLE NAME	D	Iam MATHISEN	☐ Change	Addition			
STREET ADDRESS			STREET ADDRESS	773	5 5.W. 86 STYEET	(n	ļ			
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP	MIR	MI, FLORIDA 3314	Change	Addition			
NAME		Delete	NAME	PAUL	LORDONEZ	TA.	1,0			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	773	5 S.W. 86 STREET AMI, FLORINA 331	A3 Bil	מוום			
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.										

KCS

8/23/05 Date

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2. Principal Pl	lace of Business	3. Mailing Address							
Suite, Apt.	Felc.	Suite, Apt.#, etc.			08082005 Chg	g-NP	CR2E037	(10/03)	
City & State	,	City & State			4. FEI Number 59-2084295	5		<u> </u>	plied For
ZiD	Country	Zíp	Country		5. Certificate of Stat	tus Desired		8.75 Addi ee Required	
	6. Name and Address of Current F	łegistered Agent			7. Name and Addre	ass of New F	tegistered Aç	ent	
SKRLD, IN	· C		Name		-				
201 ALHAN	MBRA CIRCLE-SUITE 1102 ABLES, FL 33134		Street A	ddress (P.O. Box Number is No	ot Acceptabl	в)		
			City					Zip Code	
							<u>FL</u>	<u> </u>	
	named entity submits this statement for ions of registered agent.	the purpose of changing its i	egistered onice or	register	ed agent, or both, in u	ne State of Fi	orida. Tam jai	miliar wild, a	and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signat	ure required	t when reinstating)		DATE		
Di	Filing Fee is \$61.25 ue by September 7, 2005	9. Election Cam Trust Fund Co	npaign Financing ontribution.		\$5.00 May Be Added to Fees	Floi	/ake check rida Departn	nent of St	ate
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANGE				
TITLE	P THOMAS	☐ Delete	TITLE	Ď.				Change	Addition
NAME STREET ADDRESS	BRANN, THOMAS 7757 SW 86TH STREET C-414		NAME STREET ADDRESS	(50)	oert Ruiz 35 5.W.86:	ATREET	-		
CITY-ST-ZIP	MIAML-FL 33143		CITY-ST-ZIP		AMI, FLORI		3143		
TITLE	VP	Delete	TITLE	Ė				☐ Change	Addition
NAME	SANCHEZ, HECTOR		NAME						
STREET ADDRESS CITY-\$1-ZIP	4779 COLLINS AVE #1605 MIAMI-BEACH, FL 33140		STREET ADDRESS CITY-ST-ZIP						
TITLE	5	D Delete	TITLE					Change	☐ Addition
NAME	ARONT, ISABELL		NAME	ĺ					_
STREET ADDRESS CITY-ST-ZIP	7715 SW 86TH STREET, AZ-203. MIAMI, FL 33143		STREET ADDRESS CITY-ST-ZIP			-			
TITLE	1	Delete Delete	TITLE				_	☐ Change	☐ Addition
NAME	FUQUA, DELAMR R		NAME						_
STREET ADDRESS CITY-ST-ZIP	7757 SW 86TH C 318		STREET ADDRESS CITY-ST-ZIP						
TITLE	WIDAMI, CL 00170	Delete	TITLE					Change .	☐ Addition
NAME		L Delete	NAME				1	L Olkerys.	L. Hading
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAME					_	_
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
indicated of the cor	Certify that the information supplied with of on this report or supplemental report is rporation or the receiver or trustee emport, or on an attachment with an address, we can be compared to the control of the contro	s true and accurate and that mo owered to execute this report a	ny signature shall h as required by Chi	nave the	same legal effect as if	i made under	oath; that I an	m an officer	or director
SIGNAT			POEN	<i>u</i>	5 8/1	3/20			