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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

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GOLD, DORIS		1.2 NAME		
STREET ADDRESS	7755 SW 86TH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ 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	☐ DELETE	3.1 TITLE	Treasurer	☑ Change ☐ 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	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	MATHISEN, WILLIAM		4.2 NAME		
STREET ADDRESS	7765 SW 86 ST F2-308		4.3 STREET ADDRESS	770 NE 69th ST., Apt. 2-F	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, Fl 33138	
TITLE	D	☑ DELETE	5.1 TITLE	Director	☑ Change ☐ Addition
NAME	GREENFIELD, KAREN		5.2 NAME	Olga Bennett	
STREET ADDRESS	7725 SW 86TH ST. AL 323		5.3 STREET ADDRESS	7727 SW 86 ST., A1-402	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Miami, Fl 33143	
TITLE	TD	☐ DELETE	6.1 TITLE	Vice-President	☑ Change ☐ Addition
NAME	CHOUINARD, 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		

CR2E037 (10/97)

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