

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90041 049 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 750424**

1. Corporation Name

**KINGS CREEK SOUTH CONDOMINIUM, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD  
NAME GOLD, DORIS  
STREET ADDRESS 7755 SW 86TH ST  
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE PD  
NAME AMEZOLA, XAVIER  
STREET ADDRESS 12555 SW 69TH AVE  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE ☒ DELETE  
NAME DIX, RICHARD  
STREET ADDRESS 7725 S.W. 86TH ST, A1-320  
CITY-ST-ZIP MIAMI FL 33143

TITLE D  
NAME MATHISEN, WILLIAM  
STREET ADDRESS 770 NE 69TH ST, APT 2-F  
CITY-ST-ZIP MIAMI FL 33138 ☐ DELETE

TITLE D  
NAME BENNETT, OLGA  
STREET ADDRESS 7727 SW 86TH ST, A1-402  
CITY-ST-ZIP MIAMI FL 33143 ☐ DELETE

TITLE ☒ DELETE  
NAME CHOUINARD, KAY  
STREET ADDRESS 7705 SW 86 ST B-210  
CITY-ST-ZIP MIAMI FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SD  
1.2 NAME ARONT, ISABELL  
1.3 STREET ADDRESS 7715 SW, 86th Street, Apt A2-203  
1.4 CITY-ST-ZIP Miami, FL, 33143 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE Vice-president  
3.2 NAME DIX, RICHARD  
3.3 STREET ADDRESS 7725 SW, 86th Street, A1-320  
3.4 CITY-ST-ZIP Miami, FL, 33143 ☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE D  
5.2 NAME UAYAR, JOHN  
5.3 STREET ADDRESS 7777 SW, 86th Street, FL-315  
5.4 CITY-ST-ZIP Miami, FL, 33143 ☐ Change ☒ Addition

6.1 TITLE Treasurer  
6.2 NAME Chouinard, Kay  
6.3 STREET ADDRESS 7705 SW 86 Street, B-210  
6.4 CITY-ST-ZIP Miami, FL 33143 ☒ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
AMEZOLA 1/11/99 (305) 389-4443  
Date Daytime Phone #

CR2E037 (11/98)