

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90063 029 ****61.25

DOCUMENT # 734417

1. Entity Name

KINGS CREEK WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

7965 SW 86TH STREET
UNIT 130
MIAMI FL 33143

Mailing Address

7965 SW 86TH STREET
UNIT 130
MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1648815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANTHONY KALLICHE, POLIAKOFF, BECKER&STREI
6161 BLUE LAGOON DRIVE #250
MIAMI FL 33126

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD WALES, BARRY**
STREET ADDRESS **7915 S.W. 86TH ST. #724**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☒ Addition
NAME **D PAULA ENTHWISTLE**
STREET ADDRESS **7945 SW 86 ST # 124**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Delete
NAME **D ZWIBLEMAN, BARRY**
STREET ADDRESS **7965 SW 86 ST 125**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
NAME **VICE PRESIDENT**
STREET ADDRESS **BARRY ZWIBLEMAN**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D RIVERO, RAUL**
STREET ADDRESS **7965 SW 86 ST 601**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☒ Change ☐ Addition
NAME **TREASURER**
STREET ADDRESS **RAUL RIVERO**
CITY-ST-ZIP **7965 SW 86 ST #601**
MIAMI FL 33143

TITLE ☐ Delete
NAME **SD SCHNEIDER, FRAN**
STREET ADDRESS **7915 SW 86 ST #702**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **VP KIRBY, TOM**
STREET ADDRESS **6963 SW 86ST #123**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition
NAME **DIRECTOR**
STREET ADDRESS **TOM KIRBY**
CITY-ST-ZIP **7945 SW 86 ST #123**
MIAMI FL 33143

TITLE ☒ Delete
NAME **T STEPHENS, GWYNNE**
STREET ADDRESS **7925 SW 86TH ST #927**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **JEAN GORMAN**
CITY-ST-ZIP **7915 SW 86 ST # 726**
MIAMI FL 33143

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01 (305) 648-2445 x324

Date

Daytime Phone #

CR2E037 (10/00)