

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90044 036 ****66.25

DOCUMENT # 722134

1. Entity Name

KINGS CREEK VILLAGE ASSOCIATION, INC.



Principal Place of Business

8333 S.W. 81 AVENUE
MIAMI FL 33143

Mailing Address

8333 S.W. 81 AVENUE
MIAMI FL 33143

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1437869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARC KUPERMAN
7695 S.W. 104 STREET
SUITE 210
MIAMI FL 33156

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

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
Due By May 1, 2004

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	VP	<input type="checkbox"/> Delete
NAME	MURPHY, WILLIAM	
STREET ADDRESS	8118 SW 82 CT	
CITY- ST- ZIP	MIAMI FL 33143	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHULTE, JAMES	
STREET ADDRESS	8072 SW 80 AVENUE	
CITY- ST- ZIP	MIAMI FL 33143	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TAXAY, SHIRLEY	
STREET ADDRESS	8121 SW 83RD PL	
CITY- ST- ZIP	MIAMI FL 33143	
TITLE	P	<input type="checkbox"/> Delete
NAME	SEIPP, PHILLIP	
STREET ADDRESS	7944 CAMINO REAL	
CITY- ST- ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	HECHTMAN, BARRY	
STREET ADDRESS	8100 SW 81 DR STE 210	
CITY- ST- ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	MESA, REINALDO	
STREET ADDRESS	8542 SW 82 TERRACE	
CITY- ST- ZIP	MIAMI FL 33143	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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

PRESIDENT

Date

Daytime Phone #

3-2-04 305-279-2101