| I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 |
|--|
| above, or on an attachment with all other like empowered. |

| Current Principal Place of Business: | ••• |
|---------------------------------------|-----|
| Current Frincipal Flace of Busiliess. | |

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: KINGS CREEK SOUTH CONDOMINIUM, INC.

7735 SW 86TH STREET MIAMI, FL 33143

DOCUMENT# 750424

Current Mailing Address:

7735 SW 86TH STREET MIAMI, FL 33143 US

FEI Number: 59-2084295

Name and Address of Current Registered Agent:

ASSOCIATION LAW GROUP, P.L. 1200 BRICKELL AVENUE PH 2000 MIAMI, FL 33131 US

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 | : RAMON C. PALACIO, ESQ. | | | 01/20/2020 | | |
|---------------------------|--|-----------------|---------------------------|------------|--|--|
| | Electronic Signature of Registered Agent | | | Date | | |
| Officer/Director Detail : | | | | | | |
| Title | DIRECTOR | Title | PRESIDENT, DIRECTOR | | | |
| Name | PALMA, ROLANDO | Name | ROJAS, SILVIA | | | |
| Address | 7735 SW 86TH STREET | Address | 7735 SW 86TH STREET | | | |
| City-State-Zip: | MIAMI FL 33143 | City-State-Zip: | MIAMI FL 33143 | | | |
| Title | DIRECTOR | Title | DIRECTOR | | | |
| Name | FARAJZADEH, HOJAT | Name | CHENG, JOSE | | | |
| Address | 7735 SW 86TH STREET | Address | 7735 SW 86TH STREET | | | |
| City-State-Zip: | MIAMI FL 33143 | City-State-Zip: | MIAMI FL 33143 | | | |
| Title | SECRETARY, TREASURER, DIRECTOR | Title Name | DIRECTOR ORZA, ROBERTO | | | |
| Name | KOIVU, JOSEPHINE | Address | 7735 SW 86TH STREET | | | |
| Address | 7735 SW 86TH STREET | City-State-Zip: | | | | |
| City-State-Zip: | MIAMI FL 33143 | | | | | |
| Title | VP, DIRECTOR | | | | | |
| Name | MATHISEN, WILLIAM E | | | | | |
| Address | 7735 SW 86TH STREET | | | | | |
| City-State-Zip: | MIAMI FL 33143 | | | | | |

above, or on an attachment with all other like empowered.
SIGNATURE: SILVIA ROJAS PRES 01/20/2020

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date