


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90118 038 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 734417</b>					
1. Corporation Name <b>KINGS CREEK WEST CONDOMINIUM ASSOCIATION, INC.</b>					
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 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 11/20/1975 4. FEI Number 59-1648815 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent <b>ANTHONY KALICHE, POLIAKOFF, BECKER&amp;STREI</b> <b>6161 BLUE LAGOON DRIVE #250</b> <b>MIAMI FL 33126</b>				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			
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WALES, BARRY			1.2 NAME	D PAULA ENTWISTLE		
STREET ADDRESS	7915 S.W. 86TH ST. #724			1.3 STREET ADDRESS	7965 SW 86 ST #124		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	MIAMI, FL 33143		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BELLEAU, FERMIN			2.2 NAME			
STREET ADDRESS	7925 SW 86 ST #701			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HAMILTON, BRIAN			3.2 NAME	D MIKE JEWING		
STREET ADDRESS	7995 SW 86 ST #323			3.3 STREET ADDRESS	9740 SW 119 ST		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	MIAMI, FL 33176		
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHNEIDER, FRAN			4.2 NAME			
STREET ADDRESS	7915 SW 86 ST #702			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KIRBY, TOM			5.2 NAME			
STREET ADDRESS	6963 SW 86ST #123			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEPHENS, GWYNNE			6.2 NAME			
STREET ADDRESS	7925 SW 86TH ST #927			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33143			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED **BARRY B. WALES** 1/4/98 (305)262-2444  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #