2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State
01-19-2001 90063 029 ****61.25

0040119

DOCUMENT # 734417

1. Entity Name

KINGS CREEK WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7965 SW 86TH STREET UNIT 130 MIAMI FL 33143	7965 SW 86TH STREET UNIT 130 MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WALES, BARRY 7915 S.W. 86TH ST. #724 MIAMI FL	☐ Delete	D PAULA ENTWISTLE 7965 SW 86 ST # 124 MIAMI, FL 33143	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZWEIBLEMAN, BARRY 7965 SW 86 ST 125 MIAMI FL	☐ Delete	VICE PRESIDENT BARRY ZWEIBLEMAN	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIVERO, RAUL 7965 SW 86 ST 601 MIAMI FL 33143	☐ Delete	TREASURER RAUL RIVERO 7965 SW 86 ST #601 MIAMI, FL 33143	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHNEIDER, FRAN 7915 SW 86 ST #702 MIAMI FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KIRBY, TOM 6963 SW 86ST #123 MIAMI FL	☐ Delete	DIRECTOR TOM KIRBY 7965 SW 86 ST #123 MIAMI FL 33143	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STEPHENS, GWYNNE 7925 SW 86TH ST #927 MIAMI FL 33143	☒ Delete	DIRECTOR JEAN GORMAN 7915 SW 86 ST # 726 MIAMI, FL 33143	☐ Change ☒ Addition

CR2E037 (10/00)

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 REQUIRED _____ 1/8/01 (305)648-2445 x324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #