

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

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90038 047 \*\*\*\*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

6. Name and Address of Current Registered Agent

**DAVID H. ROEL, ESQ  
BECKER & POLIAKOFF P.A.  
5201 BLUE LAGOON DRIVE SUITE 100  
MIAMI FL 33126**

7. Name and Address of New Registered Agent

**DAVID H. ROEL, ESQ.  
BECKER & POLIAKOFF P.A.  
Alhambra Towers  
121 Alhambra Plaza, Suite 1000, 10th Floor  
City Coral Gables FL 33134**

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

*David H. Roel, Esq.*

(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	PD	<input type="checkbox"/> Delete
NAME	WALES, BARRY	
STREET ADDRESS	7915 S.W. 86TH ST. #724	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZWEIBLEMAN, BARRY	
STREET ADDRESS	7965 SW 86 ST 125	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ENTWHISTLE, PAULA	
STREET ADDRESS	7965 SW 86 STE#124	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCHNEIDER, FRAN	
STREET ADDRESS	7915 SW 86 ST #702	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARADO, PEDRO	
STREET ADDRESS	7995 SW 86 ST. #306	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GORMAN, JEAN	
STREET ADDRESS	7915 SW 86 ST #726	
CITY-ST-ZIP	MIAMI FL 33143	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas V. Kirby	
STREET ADDRESS	7945 SW 86 ST #123	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLOYD HEATHERINGTON	
STREET ADDRESS	7905 SW 86 ST #426	
CITY-ST-ZIP	MIAMI, FL 33143	
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
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:**

*Barry B Wales*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/11/04 (305) 418-9294*  
Date Daytime Phone #

**94040704**



MOORE CR2E037 (11/03)

4. FEI Number **59-1648815** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required