

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

**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**



01112007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**DAVID H. ROEL ESQ  
BECKER & POLIAKOFF P.A.  
121 ALHAMBRA PLAZA, STE 1000, 10TH FL  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
WALES, BARRY  
7915 S.W. 86TH ST. #724  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
PARRADO, PEDRO  
7995 SW 86 STREET #306  
MIAMI, FL 33143**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ENTWHISTLE, PAULA  
7965 SW 86 STE#124  
MIAMI, FL 33143**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
BRIAND, MICHELLE  
7995 SW 86 CT, #327  
MIAMI, FL 33143**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
HEATHERINGTON, LLOYD  
7905 SW 86 ST, #626  
MIAMI, FL 33143**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
KIRBY, THOMAS V  
7945 SW 86TH ST., #626  
MIAMI, FL 33143**

U00000604755  
01/30/07-80008-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **BARRY B. WALES** 1/26/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #