

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90011 028 ****61.25

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DOCUMENT # 742920					
1. Entity Name THE TOWNHOUSES AT KILLIAN PINES ASSOCIATION, INC.					
Principal Place of Business C/O MIAMI MANAGEMENT 14275 S.W. 142ND AVENUE MIAMI, FL 33186 US			Mailing Address C/O MIAMI MANAGEMENT 14275 S.W. 142ND AVENUE MIAMI, FL 33186 US		
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 59-1849886	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HYMAN, MICHAEL L HYMAN & KAPLAN, P.A. 44 W. FLAGLER ST., 4TH FL SOUTHOUSE TOWER MIAMI, FL 33130			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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Michael Hyman</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	WESTFALL, JOHN				
STREET ADDRESS	11302 SW 115 TERR.				
CITY-ST-ZIP	MIAMI, FL 33176				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	MCLELLAN, MONICA				
STREET ADDRESS	11575 SW 112 AVE				
CITY-ST-ZIP	MIAMI, FL 33176				
TITLE	S	<input type="checkbox"/> Delete			
NAME	WEGLARZ, DOREC				
STREET ADDRESS	11332 SW 115 TER				
CITY-ST-ZIP	MIAMI, FL 33176				
TITLE	AL	<input type="checkbox"/> Delete			
NAME	SBROLLA, BETTIE W				
STREET ADDRESS	11320 SW 115 TER				
CITY-ST-ZIP	MIAMI, FL 33176				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
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 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: <u>Patricia A. Hylton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>					
				Date _____ Daytime Phone # _____	