

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 FEB 10 PM 2:02

DOCUMENT # **747101 (4)**
1. Corporation Name
KINGS CREEK VILLAGE TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
INC. 8333 S.W. 81 AVENUE MIAMI FL 33143	INC. 8333 S.W. 81 AVENUE MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/08/1979	3a. Date of Last Report 02/15/1994
4. FEI Number 59-1981170	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HYMAN, MICHAEL L.
44 W FLAGER ST.
14TH FLOOR, COURTHOUSE TOWER
MIAMI FL 33130

81 Name	Marc A. Kuperman, Esquire
82 Street Address (P.O. Box Number is Not Acceptable)	
83	1320 S. Dixie Hwy., suite 1180
84 City	Coral Gables, FL
85 Zip Code	33146

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 607.0505, Florida Statutes.

SIGNATURE *Marc A. Kuperman*

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	LUDWIG, CLIFF
STREET ADDRESS	8226 SW 81 TERR
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	D
NAME	HAVEN, GRANT
STREET ADDRESS	8120 SW 81ST PLACE
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	B
NAME	BREEDEN, ALMA
STREET ADDRESS	8214 SW 82 CT
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	A
NAME	NELSON, BOB
STREET ADDRESS	8131 SW 82ND PLACE
CITY-ST-ZIP	MIAMI FL
TITLE	PD
NAME	TAXAY, SHIRLEY
STREET ADDRESS	8121 S.W. 83 PLACE
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	D
NAME	CROWN, JO
STREET ADDRESS	8102 SW 83 ST
CITY-ST-ZIP	MIAMI, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Eskreis, Allen	
1.3 STREET ADDRESS	8209 S.W. 81 Court	
1.4 CITY-ST-ZIP	Miami, FL 33143	
2.1 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Breeden, Alma	
3.3 STREET ADDRESS	8214 S.W. 82 Court	
3.4 CITY-ST-ZIP	Miami, FL 33143	
4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	McKnight, Janet	
4.3 STREET ADDRESS	8122 S.W. 82 Court	
4.4 CITY-ST-ZIP	Miami, FL 33143	
5.1 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Gordon, Spencer	
6.3 STREET ADDRESS	8232 S.W. 82 Place	
6.4 CITY-ST-ZIP	Miami, FL 33143	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Shirley Taxay* 1-23-95 (305) 576-0176
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR Date (English Please)