

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

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8333 S.W. 81 AVENUE
MIAMI FL 33143

3. Date Incorporated or Qualified
05/08/1979

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1981170

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUPERMAN, MARC A ESQUIER
1320 S DIXIE HWY., STE 1180
14TH FLOOR, COURTHOUSE TOWER
CORAL GABLES FL 33146

81 Name

200001722642

82 Street Address (P.O. Box Number is not acceptable)

02/23/96-01037-014

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T ☐ DELETE
NAME ESKREIS, ALLEN
STREET ADDRESS 8209 S.W. 81ST COURT
CITY-STATE-ZIP MIAMI, FL 00000

11 TITLE P ☒ Change ☐ Addition
12 NAME Eskries, Allen
13 STREET ADDRESS 8209 SW 81 Court
14 CITY-STATE-ZIP Miami, Florida 33143

TITLE D ☒ DELETE
NAME HAVEN, GRANT
STREET ADDRESS 8120 SW 81ST PLACE
CITY-STATE-ZIP MIAMI, FL 00000

21 TITLE T ☐ Change ☒ Addition
22 NAME Cruz, Marcella
23 STREET ADDRESS 8219 SW 81 Place
24 CITY-STATE-ZIP Maimi, Florida 33143

TITLE VP ☐ DELETE
NAME BREEDEN, ALMA
STREET ADDRESS 8214 S.W. 82ND COURT
CITY-STATE-ZIP MIAMI FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE S ☒ DELETE
NAME MCKNIGHT, JANET
STREET ADDRESS 8122 S.W. 82ND COURT
CITY-STATE-ZIP MIAMI FL

41 TITLE S ☒ Change ☐ Addition
42 NAME Harrell, Betty
43 STREET ADDRESS 8215 SW 82 Place
44 CITY-STATE-ZIP Miami, Florida 33143

TITLE PD ☒ DELETE
NAME TAXAY, SHIRLEY
STREET ADDRESS 8121 S.W. 83 PLACE
CITY-STATE-ZIP MIAMI, FL 00000

51 TITLE D ☐ Change ☒ Addition
52 NAME Nadler, Joseph
53 STREET ADDRESS 8137 SW 83 Place
54 CITY-STATE-ZIP Miami, Florida 33143

TITLE D ☒ DELETE
NAME GORDON, SPENCER
STREET ADDRESS 8232 S.W. 82ND PLACE
CITY-STATE-ZIP MIAMI, FL 00000

61 TITLE D ☐ Change ☒ Addition
62 NAME Murphy, William
63 STREET ADDRESS 9390 SW 106 Street
64 CITY-STATE-ZIP Miami, Florida 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:

Allen Eskreis Allen Eskreis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96

305-596-0176

105 2-25-96

CR2E037 (12/95)