

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



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

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



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

Mailing Address  
INC.  
8333 S.W. 81 AVENUE  
MIAMI FL 33143

3. Date Incorporated or Qualified **05/08/1979** 3a. Date of Last Report **02/10/1995**

4. FEI Number **59-1981170** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  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 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **200001722642**

82 Street Address (P.O. Box Number is not acceptable) **02/23/96 - 01037 - 014**  
**\*\*\*61.25**

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>ESKREIS, ALLEN</b>	
STREET ADDRESS	<b>8209 S.W. 81ST COURT</b>	
CITY - ST - ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HAVEN, GRANT</b>	
STREET ADDRESS	<b>8120 SW 81ST PLACE</b>	
CITY - ST - ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>BREEDEN, ALMA</b>	
STREET ADDRESS	<b>8214 S.W. 82ND COURT</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCKNIGHT, JANET</b>	
STREET ADDRESS	<b>8122 S.W. 82ND COURT</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TAXAY, SHIRLEY</b>	
STREET ADDRESS	<b>8121 S.W. 83 PLACE</b>	
CITY - ST - ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GORDON, SPENCER</b>	
STREET ADDRESS	<b>8232 S.W. 82ND PLACE</b>	
CITY - ST - ZIP	<b>MIAMI, FL 00000</b>	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Eskreis, Allen</b>	
13 STREET ADDRESS	<b>8209 SW 81 Court</b>	
14 CITY - ST - ZIP	<b>Miami, Florida 33143</b>	
21 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Cruz, Marcella</b>	
23 STREET ADDRESS	<b>8219 SW 81 Place</b>	
24 CITY - ST - ZIP	<b>Miami, Florida 33143</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>Harrell, Betty</b>	
43 STREET ADDRESS	<b>8215 SW 82 Place</b>	
44 CITY - ST - ZIP	<b>Miami, Florida 33143</b>	
51 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>Nadler, Joseph</b>	
53 STREET ADDRESS	<b>8137 SW 83 Place</b>	
54 CITY - ST - ZIP	<b>Miami, Florida 33143</b>	
61 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>Murphy, William</b>	
63 STREET ADDRESS	<b>9390 SW 106 Street</b>	
64 CITY - ST - ZIP	<b>Miami, Florida 33143</b>	

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** 1/29/96 305-596-0176  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E037 (12/95)