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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **747101** (4)
1. Corporation Name
KINGS CREEK VILLAGE TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business INC. 8333 S.W. 61 AVENUE MIAMI FL 33143	Mailing Address INC. 8333 S.W. 61 AVENUE MIAMI FL 33143
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3. Date Incorporated or Qualified 05/08/1979	
4. FEI Number 59-1981170	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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 same (new address)	
82 Street Address (P.O. Box Number Is Not Acceptable) Offices at Pinecrest	
83 7695 SW 104 Street, Suite 210	
84 City Miami	85 Zip Code FL 33156

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	ESKREIS, ALLEN
STREET ADDRESS	8209 S.W. 81ST COURT
CITY-ST-ZIP	MIAMI FL 33143
TITLE	T <input type="checkbox"/> DELETE
NAME	GORDON, SPENCER
STREET ADDRESS	8232 SW 82ND PL
CITY-ST-ZIP	MIAMI FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	BREEDEN, ALMA
STREET ADDRESS	8214 S.W. 82ND COURT
CITY-ST-ZIP	MIAMI FL
TITLE	S <input type="checkbox"/> DELETE
NAME	HARRELL, BETTY
STREET ADDRESS	8137 SW 83 PLACE
CITY-ST-ZIP	MIAMI FL 33143
TITLE	D <input type="checkbox"/> DELETE
NAME	NADLER, JOSEPH
STREET ADDRESS	8137 SW 83 PLACE
CITY-ST-ZIP	MIAMI FL 33143
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MURPHY, WILLIAM
STREET ADDRESS	9390 SW 106 STREET
CITY-ST-ZIP	MIAMI FL 33143

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Shirley Taxay
1.3 STREET ADDRESS	8121 SW 83 PL
1.4 CITY-ST-ZIP	Miami, FL 33143
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Grant Haven
3.3 STREET ADDRESS	8120 SW 81 PL
3.4 CITY-ST-ZIP	Miami, FL 33143
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Bruce MacMaster
6.3 STREET ADDRESS	8122 SW 83 PL
6.4 CITY-ST-ZIP	Miami, FL 33143

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Shirley Taxay, President 1/21/98 305/596-0176

CR25037 (10/97)