


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90092 048 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 747101					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/08/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1981170	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KUPERMAN, MARC A ESQUIER OFFICES AT PINECREST 7695 SW 104 STREET, SUITE 210 MIAMI FL 33156				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME TAXAY, SHIRLEY STREET ADDRESS 8121 SW 83 PL CITY-ST-ZIP MIAMI FL 33143			1.1 TITLE VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 8333 SW 81 AV. 1.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME GORDON, SPENCER STREET ADDRESS 8232 SW 82ND PL CITY-ST-ZIP MIAMI FL			2.1 TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME ALMA BREEDEN 2.3 STREET ADDRESS 8333 SW 81 AV 2.4 CITY-ST-ZIP MIAMI FL 33143		
TITLE <input checked="" type="checkbox"/> DELETE NAME HAVEN, GRANT STREET ADDRESS 8120 SW 81 PL CITY-ST-ZIP MIAMI FL 33143			3.1 TITLE SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME JEAN PUGH 3.3 STREET ADDRESS 8333 SW 81 AV. 3.4 CITY-ST-ZIP MIAMI FL 33143		
TITLE <input checked="" type="checkbox"/> DELETE NAME HARRELL, BETTY STREET ADDRESS 8137 SW 83 PLACE CITY-ST-ZIP MIAMI FL 33143			4.1 TITLE TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME WALLY RINZ 4.3 STREET ADDRESS 8333 SW 81 AV. 4.4 CITY-ST-ZIP MIAMI FL 33143		
TITLE <input checked="" type="checkbox"/> DELETE NAME NADLER, JOSEPH STREET ADDRESS 8137 SW 83 PLACE CITY-ST-ZIP MIAMI FL 33143			5.1 TITLE DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME LILL STRICOFF 5.3 STREET ADDRESS 8333 SW 81 AV. 5.4 CITY-ST-ZIP MIAMI FL 33143		
TITLE <input type="checkbox"/> DELETE NAME MACMASTER, BRUCE STREET ADDRESS 8122 SW 83 PL CITY-ST-ZIP MIAMI FL 33143			6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 8333 SW 81 AV. 6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:  **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99 305-596-0176
Date Daytime Phone #

CR2E037 (11/98)