

FILE NOW: FILING FEE IS \$61.25

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

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

0031148

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 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/08/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1981170
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KUPERMAN, MARC A ESQUIER
OFFICES AT PINECREST
7695 SW 104 STREET, SUITE 210
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	TAXAY, SHIRLEY
STREET ADDRESS	8121 SW 83 PL
CITY-ST-ZIP	MIAMI FL 33143
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	GORDON, SPENCER
STREET ADDRESS	8232 SW 82ND PL
CITY-ST-ZIP	MIAMI FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	HAVEN, GRANT
STREET ADDRESS	8120 SW 81 PL
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
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	NADLER, JOSEPH
STREET ADDRESS	8137 SW 83 PLACE
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VICE PRESIDENT
1.3 STREET ADDRESS	8333 SW 81 AV.
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PRESIDENT
2.3 STREET ADDRESS	ALMA BREEDEN
2.4 CITY-ST-ZIP	8333 SW 81 AV MIAMI FL 33143
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SECRETARY
3.3 STREET ADDRESS	JEAN PUGH
3.4 CITY-ST-ZIP	8333 SW 81 AV. MIAMI FL 33143
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TREASURER
4.3 STREET ADDRESS	WALLY RINZ
4.4 CITY-ST-ZIP	8333 SW 81 AV. MIAMI FL 33143
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DIRECTOR
5.3 STREET ADDRESS	LILL STRICOFF
5.4 CITY-ST-ZIP	8333 SW 81 AV. 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: *Joseph Nadler* **REQUIRED** 1-15-99 305-596-0176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)