

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90082 049 ****61.25

DOCUMENT # 747101

1. Entity Name

KINGS CREEK VILLAGE TOWNHOUSE ASSOCIATION, INC.

746852



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1981170

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ISENBERG, LAWRENCE	
STREET ADDRESS	8333 SW 81ST AVE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BREEDEN, ALMA	
STREET ADDRESS	8333 SW 81ST AVE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCKNIGHT, JANET	
STREET ADDRESS	8333 SW 81ST AVE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	RINZ, WALLY	
STREET ADDRESS	8333 SW 81ST AVE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRICOFF, LILL	
STREET ADDRESS	8333 SW 81ST AVE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES LLOYD	
STREET ADDRESS	8206 SW 82 CT	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH BLONSKY	
STREET ADDRESS	8232 SW 82 PL	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHY HEINLY	
STREET ADDRESS	8206 SW 81 CT	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN ESKREIS	
STREET ADDRESS	8209 SW 81 CT	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD FRIEDMAN	
STREET ADDRESS	8208 SW 82 PL	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTY HARRELL	
STREET ADDRESS	8215 SW 82 PL	
CITY-ST-ZIP	MIAMI, FL ###\$\$	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathy Heinly
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-01 (305) 596-0176
 Date Day and Phone #

CR2E037 (9/01)