

# 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.**

Principal Place of Business

Mailing Address

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

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

**746852**



DO NOT WRITE IN THIS SPACE

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  
 NAME ISENBERG, LAWRENCE ☒ Delete  
 STREET ADDRESS 8333 SW 81ST AVE  
 CITY-ST-ZIP MIAMI FL 33143

TITLE PD ☐ Change ☒ Addition  
 NAME JAMES LLOYD  
 STREET ADDRESS 8206 SW 82 CT  
 CITY-ST-ZIP MIAMI, FL 33143

TITLE PD ☒ Delete  
 NAME BREEDEN, ALMA  
 STREET ADDRESS 8333 SW 81ST AVE  
 CITY-ST-ZIP MIAMI FL 33143

TITLE VPD ☐ Change ☒ Addition  
 NAME JOSEPH BLONSKY  
 STREET ADDRESS 8232 SW 82 PL  
 CITY-ST-ZIP MIAMI, FL 33143

TITLE SD ☒ Delete  
 NAME MCKNIGHT, JANET  
 STREET ADDRESS 8333 SW 81ST AVE  
 CITY-ST-ZIP MIAMI FL 33143

TITLE SD ☐ Change ☒ Addition  
 NAME KATHY HEINLY  
 STREET ADDRESS 8206 SW 81 CT  
 CITY-ST-ZIP MIAMI, FL 33143 *Kathy Heiny*

TITLE TD ☒ Delete  
 NAME RINZ, WALLY  
 STREET ADDRESS 8333 SW 81ST AVE  
 CITY-ST-ZIP MIAMI FL 33143

TITLE TD ☐ Change ☒ Addition  
 NAME ALLEN ESKREIS  
 STREET ADDRESS 8209 SW 81 CT  
 CITY-ST-ZIP MIAMI, FL 33143 *Allen Eskreis*

TITLE D ☒ Delete  
 NAME STRICOFF, LILL  
 STREET ADDRESS 8333 SW 81ST AVE  
 CITY-ST-ZIP MIAMI FL 33143

TITLE D ☐ Change ☒ Addition  
 NAME RICHARD FRIEDMAN  
 STREET ADDRESS 8208 SW 82 PL  
 CITY-ST-ZIP MIAMI, FL 33143

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D ☐ Change ☒ 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 Heiny*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-01

(305) 596-0176

CR2E037 (9/01)