


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90038 023 ****61.25

DOCUMENT # 747101
 1. Entity 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

24009478

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01152004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-1981170
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KUPERMAN, MARC A ESQUIER
 OFFICES AT PINECREST
 7695 SW 104 STREET, SUITE 210
 MIAMI, FL 33156

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LLOYD, JAMES	
STREET ADDRESS	8206 SW 82 CT	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SMART, JAMES	
STREET ADDRESS	8112 SW 83 ST.	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEINLY, KATHY	
STREET ADDRESS	8206 SW 81 CT	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KAPLAN, JEFFREY	
STREET ADDRESS	8208 SW 81 TERR.	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARKOF, EDGAR	
STREET ADDRESS	8130 SW 83 ST.	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRELL, BETTY	
STREET ADDRESS	8215 SW 82 PL	
CITY-ST-ZIP	MIAMI, FL 33143	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lee P. Dupree	
STREET ADDRESS	8207 SW 81 PL	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* Date: 1/29/04 Daytime Phone #: 305 720 4533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR