


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90011 018 ****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	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-1981170		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME LLOYD, JAMES STREET ADDRESS 8206 SW 82 CT CITY-ST-ZIP MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete	TITLE PD NAME SMART, JAMES G. STREET ADDRESS 8112 SW 83 ST CITY-ST-ZIP MIAMI FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME SMART, JAMES STREET ADDRESS 8112 SW 83 ST. CITY-ST-ZIP MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete	TITLE VPD NAME DUPREE, LEE P. STREET ADDRESS 8207 SW 81 PL CITY-ST-ZIP MIAMI FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME HEINLY, KATHY STREET ADDRESS 8206 SW 81 CT CITY-ST-ZIP MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete	TITLE SD NAME TERJESEN, SHARON STREET ADDRESS 8108 SW 83 ST CITY-ST-ZIP MIAMI, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME KAPLAN, JEFFREY STREET ADDRESS 8208 SW 81 TERR. CITY-ST-ZIP MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete	TITLE TD NAME CAPPS, DORIS J. STREET ADDRESS 8124 SW 83 ST CITY-ST-ZIP MIAMI, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DUPREE, LEE P STREET ADDRESS 8207 SW 81 PL CITY-ST-ZIP MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete	TITLE D NAME AVELLO, RICARDO STREET ADDRESS 8122 SW 83 ST CITY-ST-ZIP MIAMI, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HARRELL, BETTY STREET ADDRESS 8215 SW 82 PL CITY-ST-ZIP MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete	TITLE D NAME MCKNIGHT, JANET STREET ADDRESS 8122 SW 82 CT CITY-ST-ZIP MIAMI, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Sharon Terjesen</i>		SHARON TERJESEN	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
<small>Daytime Phone #</small>		305-596-0176	