

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90125 016 ****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 | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | 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, 2006 | | 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 | SD | <input checked="" type="checkbox"/> Delete | TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TERJESEN, SHARON | | NAME | McKnight, Janet H. | |
| STREET ADDRESS | 8108 SW 83 ST | | STREET ADDRESS | 8122 SW 82 CT | |
| CITY-ST-ZIP | MIAMI, FL 33143 | | CITY-ST-ZIP | MIAMI FL 33143 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SMART, JAMES | | NAME | William F. Murphy | |
| STREET ADDRESS | 8112 SW 83 ST. | | STREET ADDRESS | 8118 SW 82 CT | |
| CITY-ST-ZIP | MIAMI, FL 33143 | | CITY-ST-ZIP | MIAMI FL 33143 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAPPS, DORIS J | | NAME | Jeffrey D. Kaplan | |
| STREET ADDRESS | 8124 SW 83 ST | | STREET ADDRESS | 8206 SW 81 TE | |
| CITY-ST-ZIP | MIAMI, FL 33143 | | CITY-ST-ZIP | MIAMI FL 33143 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | VD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AVELLO, RICARDO | | NAME | Shirley Taxay | |
| STREET ADDRESS | 8122 SW 83 ST | | STREET ADDRESS | 8121 SW 83 PL | |
| CITY-ST-ZIP | MIAMI, FL 33143 | | CITY-ST-ZIP | MIAMI FL 33143 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DUPREE, LEE P | | NAME | Kathy Reilly | |
| STREET ADDRESS | 8207 SW 81 PL | | STREET ADDRESS | 8206 SW 81 CT | |
| CITY-ST-ZIP | MIAMI, FL 33143 | | CITY-ST-ZIP | MIAMI FL 33143 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MCKNIGHT, JANET | | NAME | Mary Nagler | |
| STREET ADDRESS | 8122 SW 82 CT | | STREET ADDRESS | 8226 SW 81 CT | |
| CITY-ST-ZIP | MIAMI, FL 33143 | | CITY-ST-ZIP | MIAMI FL 33143 | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Janet H. McKnight</i> Janet H. McKnight | | | 305 1/18/06 596 0176 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |