

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90020 041 ****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 - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-1981170			
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
Zip	Country	Zip	Country	01032007 Chg-NP CR2E037 (12/06)			
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. 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, 2007		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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MURPHY, WILLIAM F		NAME				
STREET ADDRESS	8118 SW 82 CT		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KAPLAN, JEFFREY D		NAME				
STREET ADDRESS	8208 SW 81 TERR		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TAXAY, SHIRLEY		NAME				
STREET ADDRESS	8208 SW 83 PL		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HEINLY, KATHY		NAME	<i>VD Heinly, Kathy</i>			
STREET ADDRESS	8206 SW 81 CT		STREET ADDRESS	<i>8206 SW 81 CT</i>			
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP	<i>MIAMI FL 33143</i>			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	NAGLER, MARY		NAME				
STREET ADDRESS	P226 SW 81 CT		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MCKNIGHT, JANET		NAME				
STREET ADDRESS	8122 SW 82 CT		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP				
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>[Signature]</i>		Date: <i>01/16/05</i>		Daytime Phone #: <i>305 596 0176</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			

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