

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747101

FILED
Apr 08, 2011
Secretary of State

Entity Name: KINGS CREEK VILLAGE TOWNHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

8333 S.W. 81 AVENUE
MIAMI, FL 33143

Current Mailing Address:

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

New Mailing Address:

LAND CAP PROPERTY SERVICE INC
13800 SW 144 AVE RD
MIAMI, FL 33186

FEI Number: 59-1981170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUPERMAN, MARC A ESQUIER
OFFICES AT PINECREST
7695 SW 104 STREET, SUITE 210
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MANRARA, ALFREDO
Address: 8205 SW 82 CT
City-St-Zip: MIAMI, FL 33143

Title: TD
Name: KAPLAN, JEFFREY D
Address: 8208 SW 81 TERR
City-St-Zip: MIAMI, FL 33143

Title: DD
Name: STONE, DEBORAH
Address: 8232 SW 81 PL
City-St-Zip: MIAMI, FL 33143

Title: DD
Name: HARELL, BETTY
Address: 8215 SW 82 PL
City-St-Zip: MIAMI, FL 33143

Title: VP
Name: HEINLY, KATHY
Address: 8206 SW 81 CT
City-St-Zip: MIAMI, FL 33143

Title: SEC
Name: BLONSKY, JOSEPH
Address: 8232 SW 82 PL
City-St-Zip: MIAMI, FL 33143

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALFREDO MANRARA

PD

04/08/2011

Electronic Signature of Signing Officer or Director

_____ Date