

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90051 035 ****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**

20017000



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1981170**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LLOYD, JAMES	
STREET ADDRESS	8206 SW 82 CT	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BLONSKY, JOSEPH	
STREET ADDRESS	8232 SW 82 PL	
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 checked="" type="checkbox"/> Delete
NAME	ESKREIS, ALLEN	
STREET ADDRESS	8209 SW 81 CT	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, RICHARD	
STREET ADDRESS	8208 SW 82 PL	
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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMART, JAMES	
STREET ADDRESS	8112 SW 83 ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY KAPLAN	
STREET ADDRESS	8208 SW 81 TE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDGAR MARKOFF	
STREET ADDRESS	8130 SW 83 ST	
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 REQUIRED** **JAMES LLOYD PRES. 1/14/03 720 4533**

CR2E037 (10/02)