

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

102

FILED
Oct 07, 2005 8:00 A.M.
Secretary of State

DOCUMENT # 750424
1. Entity Name
KINGS CREEK SOUTH CONDOMINIUM, INC.



Principal Place of Business
**7735 SW 86TH STREET
MIAMI, FL 33143 US**

Mailing Address
**7735 SW 86TH STREET
MIAMI, FL 33143 US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



08082005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2084295

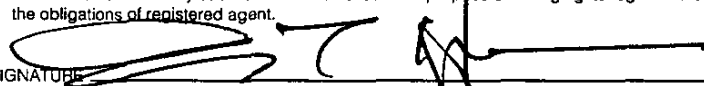
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SKRLD, INC
201 ALHAMBRA CIRCLE SUITE 1102
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent
Name
Hyman, Caplan, Ganguzzo, SPECTOR, PARS PA
Street Address (P.O. Box Number is Not Acceptable)
150 West Flagler Street
Suite 2701
City
MIAMI FL Zip Code
33130

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  **300059765733**
09/20/05--01006--009 **61.25

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

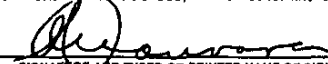
Filing Fee is **\$61.25**
Due by **September 7, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	P BRANN, THOMAS 7757 SW 86TH STREET C-414 MIAMI, FL 33143 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALFREDO MANRARA 7735 S.W. 86 STREET MIAMI, FLORIDA 33143 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANCHEZ, HECTOR 4779 COLLINS AVE #1605 MIAMI BEACH, FL 33140 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEVE MAGENHEIMER 7735 S.W. 86 STREET MIAMI, FLORIDA 33143 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARONT, ISABELL 7715 SW 86TH STREET, A2-203 MIAMI, FL 33143 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EST ESTHER SOUSA 7735 S.W. 86 STREET MIAMI, FLORIDA 33143 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FUQUA, DELAMR R 7757 SW 86TH C-318 MIAMI, FL 33143 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARILU CHAVEZ 7735 S.W. 86 STREET MIAMI, FLORIDA 33143 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM MATHISEN 7735 S.W. 86 STREET MIAMI, FLORIDA 33143 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL ORDONEZ 7735 S.W. 86 STREET MIAMI, FLORIDA 33143 ☐ Change ☒ 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:  PRES. KCS **8/23/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

292

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 750424

1. Entity Name
KINGS CREEK SOUTH CONDOMINIUM, INC.



*Additional
Directors*

Principal Place of Business
**7735 SW 86TH STREET
MIAMI, FL 33143 US**

Mailing Address
**7735 SW 86TH STREET
MIAMI, FL 33143 US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

08082005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2084295

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SKRLD, INC
201 ALHAMBRA CIRCLE-SUITE 1102
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent
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

**Filing Fee Is \$61.25
Due by September 7, 2005**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRANN, THOMAS 7757 SW 86TH STREET C-414 MIAMI, FL 33143	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANCHEZ, HECTOR 4779 COLLINS AVE #1605 MIAMI BEACH, FL 33140	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARONT, ISABELL 7715 SW 86TH STREET, A2-203 MIAMI, FL 33143	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FUQUA, DELAMR R 7757 SW 86TH C-318 MIAMI, FL 33143	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Ruiz 7735 S.W. 86 STREET MIAMI, FLORIDA 33143	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: *Delamora* PRES. KCS 8/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #