

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90028 002 ****61.25

DOCUMENT # 769282

1. Entity Name
KINGS MEADOW MASTER ASSOCIATION, INC.



Principal Place of Business
**C/O LAND CAP PROPERTY SVE
13800 SW 144 AVE. RD.
MIAMI, FL 33186 US**

Mailing Address
**C/O LAND CAP PROPERTY SVE
13800 SW 144 AVE. RD.
MIAMI, FL 33186 US**

40035401



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006

Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2304699

Applied For
Not Applicable

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

**STEPHEN SUITS
C/O LAND CAP PROPERTY SERVICES
13800 SW 144 AVE RD
MIAMI, FL 33186**

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 May 1, 2006**

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 **VO** ☐ Delete
NAME **BOSTICK, OLGA PRES**
STREET ADDRESS **10241 SW 137 PL**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **SO TO** ☐ Change ☐ Addition
NAME **Arizmendi Tatiana**
STREET ADDRESS **9300 SW 137 Ave**
CITY-ST-ZIP **Miami, FL 33186**

TITLE **PD** ☒ Delete
NAME **MCGILLIS, KEVIN**
STREET ADDRESS **13893 SW 102 LANE**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **ARIMENDY, TATIANA**
STREET ADDRESS **9300 SW 137 AVE**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **MCGILLIS, KEVIN SECTY**
STREET ADDRESS **13893 SW 102 LANE**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **TIEDENMANN, NADINE**
STREET ADDRESS **9601 SW 142 AVE**
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Olga Bostick Olga Bostick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06
Date

305-387-9686
Daytime Phone #