


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90023 013 \*\*\*\*61.25

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<b>DOCUMENT # 734417</b>					
<b>1. Entity Name</b> KINGS CREEK WEST CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 7965 SW 86TH STREET UNIT 130 MIAMI, FL 33143		<b>Mailing Address</b> 7965 SW 86TH STREET UNIT 130 MIAMI, FL 33143		Applied For <input type="checkbox"/> Not Applicable	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-1648815	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02032006 Chg-NP CR2E037 (11/05)	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
DAVID H. ROEL ESQ BECKER & POLIAKOFF P.A. 121 ALHAMBRA PLAZA, STE 1000, 10TH FL CORAL GABLES, FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D PEDRO PARRADO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALES, BARRY		NAME	7945 SW 86 ST # 306	
STREET ADDRESS	7915 S.W. 86TH ST. #724		STREET ADDRESS	MIAMI, FL 33143	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZWEIBLEMAN, BARRY		NAME		
STREET ADDRESS	7965 SW 86 ST 125		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENTWHISTLE, PAULA		NAME		
STREET ADDRESS	7965 SW 86 STE#124		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	BRIAND, MICHELLE		NAME		
STREET ADDRESS	7995 SW 86 CT, #327		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEATNARINGTON, LLOYD		NAME	LLOYD HEATHNARINGTON	
STREET ADDRESS	7905 SW 86 ST, #626		STREET ADDRESS	7905 SW 86 ST #626	
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRBY, THOMAS V		NAME	DANIEL SALCEDO	
STREET ADDRESS	7945 SW 86TH ST., #626		STREET ADDRESS	7945 SW 86 ST # 308	
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP	MIAMI, FL 33143	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Barry B. Wales</i>		Date: <i>2/28/06</i>		Daytime Phone #: <i>(305) 598-9447</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					